

**PRACTICE NAME (to be filled in)**

**ADDRESS**

**CITY ST ZIP**

**PHONE #**

**FAX #**

## **VACCINE MANAGEMENT PROTOCOLS**

This document is an **EXAMPLE** for practices to use AS A REFERENCE to create their own Protocol document. The language in this document can be copied/pasted, rewritten or ignored depending on the needs of your practice.

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This PRACTICE NAME Protocol establishes the administrative guidelines and procedures for managing the State of New Hampshire Immunization Program (NHIP) vaccine supply as well as management of vaccines purchased by the PRACTICE NAME. This protocol addresses proper vaccine storage, handling, administration, and ordering as well as procedures in the event of a power outage. This protocol does not address clinical administration of vaccines. All staff members at the PRACTICE NAME and clinical float personnel from HOSPITAL NAME assigned to the PRACTICE NAME are responsible for complying with this protocol. This protocol will be updated annually in coordination with the NHIP protocols to maintain currency and accuracy.

### **1. REFERENCES**

- 1.1** PRACTICE NAME New Hampshire Immunization Program Vaccine Coordinator Binder
- 1.2** PRACTICE NAME New Hampshire Immunization Program Vaccine Usage Log Binder
- 1.3** PRACTICE NAME -Purchased Vaccine Program Binder
- 1.4** PRACTICE NAME Temperature Log Binder
- 1.5** Immunization Action Coalition Article “Don’t Be Guilty of These Errors in Vaccine Storage and Handling”, August 2004
- 1.6** New Hampshire Department of Health and Human Services Division of Public Health Services Immunization Program Handout Entitled “Pointers For Vaccine Managers”, Current Version
- 1.7** New Hampshire Department of Health and Human Services Immunization Program Handout Entitled “Protocols For Vaccine Management”, Current Version
- 1.8** New Hampshire Department of Health and Human Services Immunization Program Handout Entitled “Vaccine Handling Standards and Best Practices”, Current Version

**EXAMPLE \*\*\*\* NHIP Vaccine Management Protocol \*\*\*\*\* EXAMPLE**

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- 1.9 New Hampshire Department of Health and Human Services Immunization Program Handout Entitled “Vaccine Storage, Handling, and Transport”, Current Version
- 1.10 New Hampshire Department of Health and Human Services Immunization Program Handout Entitled “What To Do If There Is A Mishap In Vaccine Storage Or Handling”, Current Version
- 1.11 New Hampshire Department of Health and Human Services Immunization Program Order Forms (Various)
- 1.12 New Hampshire Department of Health and Human Services Website (<http://www.dhhs.state.nh.us/dhhs/immunization/default.htm>)
- 1.13 HOSPITAL NAME Hospital Policy, Vaccine Storage and Handling, Current Version
- 1.14 HOSPITAL NAME Hospital Policy, Vaccine Administration, Current Version

**2. NEW HAMPSHIRE IMMUNIZATION PROGRAM OVERVIEW**

- 2.1 The New Hampshire Department of Health and Human Services Immunization Program provides free vaccines to the PRACTICE NAME as part of its mission to reduce or eliminate all vaccine preventable diseases.
- 2.2 In accordance with New Hampshire Statutes, children must be vaccinated against several selected diseases in order to enter daycare or school. This list is published annually and is available on the New Hampshire Immunization Program website: <http://www.dhhs.state.nh.us/DHHS/IMMUNIZATION/default.htm>

**3. PRACTICE NAME IMMUNIZATION PROGRAM PARTICIPATION**

- 3.1 The PRACTICE NAME will comply with the guidelines of the New Hampshire Department of Health and Human Services Division of Public Health Services Immunization Program to ensure children enrolled as patients of this practice receive required and recommended vaccinations free of charge in accordance with the policies of the NHIP.
- 3.2 All staff members, including HOSPITAL or other float personnel, will comply with the New Hampshire Department of Health and Human Services Division of Public Health Services Immunization Program guidelines and procedures related to the management and administration of the New Hampshire Immunization Program vaccines as outlined in this protocol.

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- 3.3 The PRACTICE NAME also provides practice-purchased vaccines to patients not eligible to receive vaccinations through the New Hampshire Immunization Program (typically, patients over age 19 or who otherwise do not qualify for state-supplied vaccinations.) State and privately purchased vaccine **may not** be co-mingled or used interchangeably.
- 3.4 All clinical staff members, including HOSPITAL or other float personnel, will be trained on this protocol prior to providing immunization services.

**4. VACCINE COORDINATOR**

- 4.1 The PRACTICE NAME Practice Manager will appoint in writing a Primary and Alternate Vaccine Coordinator.
- 4.2 The Primary Vaccine Coordinator will have overall responsibility for ensuring all clinical staff members are trained on and comply with the guidelines of the New Hampshire Department of Health and Human Services Division of Public Health Services Immunization Program and the practice is current on all guidelines, policies, procedures, and recommendations of the New Hampshire Department of Health and Human Services Division of Public Health Services Immunization Program regarding the administration, storage, handling, and ordering of vaccines.
- 4.3 The Alternate Vaccine Coordinator will serve as a back up to the Primary Vaccine Coordinator and will assume temporary primary responsibility for the program in the absence of the Primary Vaccine Coordinator during vacations, leaves, and other absences.
- 4.4 The Primary and Alternate Vaccine Coordinators will be trained by the NHIP prior to assuming their appointed positions.
- 4.5 The Practice Manager will notify the NHIP of the appointment of the Primary and Alternate Vaccine Coordinators and will update the point of contact accordingly on all order forms.
- 4.6 The Practice Manager will coordinate Vaccine Management training for newly appointed Primary and Alternate Vaccine Coordinators, with the NHIP.
- 4.7 The Primary and Alternate Vaccine Coordinators will coordinate with the Practice Manager to update this protocol on an annual basis to ensure currency.
- 4.8 The Primary Vaccine Coordinator will perform all of the following functions. In the absence of the Primary Vaccine Coordinator, the Alternate Vaccine Coordinator will assume responsibility for these functions.

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- 4.8.1** Update the PRACTICE NAME New Hampshire Immunization Program Vaccine Coordinator Binder, PRACTICE NAME New Hampshire Immunization Program Vaccine Usage Log Binder.
- 4.8.2** Order vaccines per NHIP assigned ordering tier and coordinate any “Rush” orders with the NHIP in accordance with Sections 12 and 16.
- 4.8.3** Receive all vaccine orders in accordance with Section 13 and 17.
- 4.8.4** Log the refrigerator and freezer temperatures twice daily in accordance with Section 8.2.
- 4.8.5** Report any discrepancies in the refrigerator or freezer temperatures in accordance with Section 8.3.
- 4.8.6** Coordinate all notifications between the practice and the NHIP.
- 4.8.7** Coordinate the transfer of vaccine during power outages in accordance with Sections 17.
- 4.8.8** Train all incoming clinical personnel on the New Hampshire Immunization Program, and the NHIP Vaccine Management guidelines.
- 4.8.9** Inform the Practice Manager of any issues related to the administration or management of the NHIP and practice-purchased immunization programs.

## **5. PERSONNEL TRAINING**

- 5.1** All clinical personnel and the Practice Manager will receive initial training regarding the following aspects of the NHIP: overview of the purpose of the program, storage refrigerator and freezer setup and locations, program binders, storage and handling, ordering, and emergency procedures for power outages. Training will include reading and reviewing this protocol. All training will be conducted by or coordinated with the Primary Vaccine Coordinator. Training will be accomplished within the first 30-days of hire and must be accomplished prior to personnel administering state-supplied immunizations or performing any program management functions such as the storage and handling of state-supplied vaccinations.
- 5.2** All clinical personnel (PAs, nurses, including RNs and LPNs, and medical assistants) will be trained and signed off on vaccination administration competencies prior to being authorized to provide immunization injections. The HOSPITAL clinical trainer will provide and sign off on the clinical competency training.

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- 5.3** The Practice Manager will arrange for training from the NHIP clinical staff, on both the management of the program (storage and handling, ordering, emergency procedures, etc.) as well as clinical training.

## **6. VACCINE OVERVIEW**

- 6.1 Inactivated Vaccines:** Inactivated vaccines used for routine immunizations include the following: DTaP, DT, Td, Tdap, e-IPV, Hib, Hep A, Hep B, HPV, Influenza, Pneumococcal Conjugate (Prevnar) and Meningococcal Conjugate (Menactra) vaccines. Two combinations vaccines used for immunization are DTaPHBIP (PEDIARIX) and DTaPIPHI (PENTACEL). Inactivated vaccines do not contain live organisms and are not as fragile as live vaccines **unless exposed to freezing temperatures**. However, Menactra and HPV also must be protected from light.

- 6.2 Live Vaccines:** Live vaccines include FluMist, Rotavirus, MMR, MMR-V, Varicella and Zostavax. Live vaccines are fragile due to containing live organisms. These vaccines may never be used warm. All these vaccines must be protected from light.

**Diluents:** Several vaccines must be reconstituted utilizing a sterile diluent. Clinical staff members will ensure they are utilizing the proper diluent when reconstituting vaccine and will not co-mingle the diluents in the vaccine refrigerator. Diluents **are not** interchangeable.

## **7. STORAGE OF VACCINE**

### **7.1 Inactivated Vaccines**

- 7.1.1** Inactivated vaccines will be maintained in a refrigerator between the temperatures of 2 – 8 degrees Celsius (36 – 46 degrees Fahrenheit). All inactivated vaccine will be stored in the vaccine-designated refrigerator as described below.

- 7.1.1.1** Inactivated state-supplied vaccine will be stored on a shelf in the refrigerator designated for state-supplied vaccine only. Practice-purchased vaccine will be stored on the remaining practice-purchase designated shelves in the refrigerator. Do not co-mingle state-supplied and practice-purchased vaccine. Refer to Section 13.5 below regarding labeling requirements.

- 7.1.1.2** Inactivated vaccine will be stored in their appropriately labeled and designated tray.

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- 7.1.1.3** Inactivated vaccine will be stored with the longest expiration dates in the back of the tray. Vaccine will be utilized in order of their expiration date with the earliest expiration dates used first.
- 7.1.1.4** Inactivated vaccine will be stored far enough away from the freezer compartment to ensure it does not freeze.
- 7.1.1.5** Inactivated vaccine will be stored with filled plastic water jugs to help maintain temperature stability (provides uniformity and additional cold mass to regulate/maintain the temperature, particularly in the case of a power outage).
- 7.1.1.6** Inactivated vaccine will not be stored with food or drinks.
- 7.1.1.7** Inactivated vaccine will only be stored in the body of the refrigerator (Not in vegetable bins or on the door).
- 7.1.1.8** Vaccines will be stored in the original packaging.
- 7.1.1.9** Vaccine packages will be stored in such a manner to allow air circulation around the vaccine. Cooling units will not be over-packed.
- 7.1.2** Inactivated vaccine will be refrigerated immediately upon arrival. Refer to Section 13 below for specific instructions on the receipt of state-supplied vaccine and Section 16 for specific instructions on the receipt of practice-purchased vaccine.
- 7.1.3** Inactivated vaccine should never arrive frozen. Refer to Section 13 below. For state-supplied vaccine, contact the NHIP immediately at (800) 852-3345, Ext. 4463, and for practice-purchased vaccine, contact the appropriate vendor immediately if there are any questions regarding shipment conditions.
- 7.1.4** The number of times the refrigerator is opened will be minimized to maintain temperatures and ensure vaccine efficacy.
- 7.1.5** Expiration dates will be checked regularly in accordance with Section 14 for state-supplied vaccine and Section 16 for practice-purchased vaccine.
- 7.2 Live Vaccines**
  - 7.2.1 MMR (Measles, Mumps, Rubella)**
    - 7.2.1.1** MMR will be shipped at a temperature of less than 10 degrees Celsius (50 degrees Fahrenheit). It will be routinely stored in the refrigerator at a temperature between 2 – 8 degrees Celsius (36 – 46 degrees Fahrenheit).

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- 7.2.1.2 MMR will be placed in the refrigerator or freezer immediately upon receipt. MMR is the only vaccine that may be stored in either the refrigerator or freezer.
- 7.2.1.3 MMR vaccine will be protected from light, including after the vaccine is reconstituted in a syringe.
- 7.2.1.4 Rotavirus
- 7.2.1.5 Rotavirus will be placed in the refrigerator immediately upon receipt
- 7.2.1.6 Rotavirus vaccine will be protected from light
- 7.2.2 Varicella and MMR-V
- 7.2.2.1 MMR-V and Varicella will be stored frozen at a temperature of negative 15 degrees Celsius (five degrees Fahrenheit) or colder until reconstituted for injection. These vaccines must be administered within 30 minutes of reconstitution. If not, the vaccine must be reported as wastage properly discarded per Section 15.2 for state-supplied vaccine and Section 16 for practice-purchased vaccine.
- 7.2.2.2 The diluent utilized to reconstitute these vaccines for injection will be stored separately in the refrigerator.
- 7.2.2.3 Do not freeze reconstituted vaccine.
- 7.2.2.4 These vaccines will be protected from light.
- 7.2.3 State-supplied and practice-purchased live vaccines will not be co-mingled. Refer to Sections 13.5 regarding labeling requirements for state-supplied vaccine.
- 7.2.4 Ice packs will be placed in the freezer to maintain temperature uniformity and stability, especially during power outages.
- 7.2.5 Vaccine will not be stored with food or drink.
- 7.2.6 MMR-V or VARICELLA vaccines will not be stored in the door of the freezer. MMR-V and VARICELLA vaccines should always be stored in the body of the freezer.
- 7.2.7 Vaccines will be stored in the original packaging.
- 7.2.8 Vaccine packages will be stored in such a manner to allow air circulation around the vaccine. Do not over pack the freezer compartment.



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- 7.2.9** The door of the freezer will be opened on a minimal basis to decrease temperature fluctuations and ensure the efficacy of the vaccine. Surround the vaccine packages with ice packs to ensure stability.

## **8. TEMPERATURE MAINTENANCE OF VACCINE**

### **8.1 Vaccine Refrigerators and Freezers**

- 8.1.1** The refrigerator and freezer chosen to store vaccine will be in good condition (preferably the best in the building).
- 8.1.2** Dormitory-style refrigerators will only be used to store a clinic's single-day supply of refrigerated vaccines and these vaccines should be returned to the main refrigerator storage unit at the end of each clinic day. Dormitory-style refrigerators are not adequate for long-term or permanent storage of biological products because they do not maintain appropriate temperatures.
- 8.1.3** Vaccine refrigerators and freezers will be maintained within the proper temperature ranges. The refrigerator temperature should always be between 2 – 8 degrees Celsius (36 – 48 degrees Fahrenheit). The freezer temperature should always be at negative 15 degrees Celsius (5 degrees Fahrenheit) or colder. Negative 17 degrees or colder is optimal.
- 8.1.4** The PRACTICE NAME will **not** use a dormitory style refrigerator's freezer to store MMR-V, Varicella or Zostavax.
- 8.1.5** The PRACTICE NAME will not use outlets with built-in circuit switches (reset buttons) for the vaccine refrigerator or freezer or wall outlets that may be deactivated by a wall switch.
- 8.1.6** The PRACTICE NAME will post a sign next to the outlet and on the electrical panel to warn personnel not to unplug or disconnect the vaccine refrigerator or freezer.
- 8.1.7** The PRACTICE NAME will inform personnel not to change the temperature controls on either the vaccine refrigerator or freezer.

### **8.2 Temperature Logs**

- 8.2.1** The Vaccine Coordinator will record the temperature of both the vaccine refrigerator and freezer two times a day on workdays and as described below for weekends, holidays or other closure days. The Vaccine Coordinator may delegate this responsibility to the Alternate Vaccine Coordinator or another staff member in his/her absence.



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- 8.2.1.1** On workdays, the temperatures will be recorded no later than 8:30 AM and no earlier than 4:00 PM utilizing the manual fluid filled thermometers located inside the refrigerator and freezer. The actual temperature will be recorded.
- 8.2.1.2** For weekends, three-day holiday weekends, or other closure days, the temperatures will be recorded no later than 8:30 AM on the first workday following the closure. Both the minimum and maximum temperature will be recorded. If the practice will be closed for more than three consecutive days, the Vaccine Coordinator will make arrangements to have the temperatures checked and logged no later than 72 hours (three days) after the last recording. It is imperative that the temperatures be checked at least every three days (72 hours).
- 8.2.2** Manual fluid filled thermometers will be maintained in the center of the refrigerator and freezer. The refrigerator thermometer will be located away from any fans and will not be located too close to the freezer compartment.
- 8.2.3** The temperatures will be logged on the monthly temperature log sheet provided by the NHIP. Refer to Attachment 1 for a sample *NHIP Temperature Log*.
- 8.2.4** The current month temperature log will be maintained (clipped) on the refrigerator.
- 8.2.5** The Vaccine Coordinator or designated staff member will record the time of the temperature recording and his/her initials as indicated on the form and will use an “X” mark to log the appropriate temperature.

(Note: Do not completely fill in the square or otherwise log the temperature as the form is two-sided and is faxed with each order to the NHIP. Markings other than an “X” may bleed through to the other side or otherwise cause difficulty in reading the faxed version.)

- 8.2.6** Temperature logs will be maintained for a minimum of three years in the PRACTICE NAME Temperature Log Binder. The Vaccine Coordinator will shred any logs older than three years each quarter as part of routine binder maintenance in accordance with Sections 4.8.1.

### **8.3 Management Of Out Of Range Temperatures**

- 8.3.1** Vaccine will be maintained within the required temperature ranges. These ranges are clearly identified on the NHIP-provided temperature logs. Refer to the sample *NHIP Temperature Log* in Attachment 1. The Vaccine Coordinator or designated staff member will verify if the logged temperatures are within range when recording the refrigerator and freezer temperatures.

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- 8.3.2** In the event the temperatures are too high or too low, the Vaccine Coordinator or designated staff member will immediately contact the NHIP at (800) 852-3345 Ext. 4482 or (603) 271- 4482 to report the out of range temperature recording and request instruction. Adjustments must be noted on the temperature log along with time of adjustment.
- 8.3.3** If a designated staff member is the responsible party for noting the temperature discrepancy, he/she will immediately inform the Vaccine Coordinator.
- 8.3.4** The Vaccine Coordinator will ensure any instructions provided by the NHIP are implemented to ensure the protection and efficacy of the vaccine.
- 8.3.5** Once any issues are resolved, the Vaccine Coordinator will continue to monitor the temperatures every two hours for the remainder of the workday to ensure there are no repeat temperature fluctuations.
- 8.3.6** The Vaccine Coordinator will write a Memorandum for record documenting the out of range temperature, the notification to and instructions from NHIP (note name of NHIP staff member), and the corrective action taken. The Memorandum for record will be attached to the corresponding month's *NHIP Temperature Log* and filed in the PRACTICE NAME Temperature Log Binder at the end of the month.
- 8.3.7** Place internal requirements for notification here

**8.4 Thermometer Accuracy**

- 8.4.1** The Vaccine Coordinator will check the accuracy of thermometers on a regularly scheduled basis. Thermometers will be checked more frequently if the Vaccine Coordinator suspects any accuracy issues.
- 8.4.2** The Vaccine Coordinator will routinely check the accuracy of the digital thermometers compared to the manual thermometers and make appropriate adjustments if needed to ensure the accuracy of the weekend/holiday/closure temperature recordings.

**9. HANDLING AND USAGE OF VACCINE**

**9.1 Inactivated Vaccine and Refrigerated Live Vaccine**

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- 9.1.1** Vaccine will be utilized in accordance with the First In, First Out (FIFO) inventory methodology. Product will be stored with the vaccine with the shortest expiration date at the front of the refrigerator and those with the longest expiration date at the back.
- 9.1.2** Outdated will not be used. Refer to Sections 14 - 15 and 18 - 19 below regarding expiration dates and the return of expired/spoiled vaccine for state-supplied and practice-purchased vaccine respectively.
- 9.1.3** Only one multi-dose vial will be open at a time. The date and time will be indicate on the label of each multi-dose vial when it was first opened and reconstituted. (Do not discard after 30 days. The listed expiration date on the product is the expiration date, regardless of when it was first opened.)
- 9.1.4** The PROVIDER NAME staff will not pre-draw inactivated vaccine. The staff will ensure the patient agrees to administration before drawing the vaccine.

**9.2 Frozen Live Vaccines**

- 9.2.1** Vaccine will be utilized in accordance with the First In, First Out (FIFO) inventory methodology. Product will be stored with the vaccine with the shortest expiration date at the front of the freezer and those with the longest expiration date at the back.
- 9.2.2** Outdated vaccine will not be used. Refer to Sections 14 -15 regarding the management of expiration dates and return of expired/spoiled vaccine for state-supplied and practice-purchased vaccine respectively.
- 9.2.3** Live vaccine will be administered within 30 minutes of reconstitution. Reconstituted vaccine will be discarded if not used within 30 minutes. The wasted vaccine will be document. Refer to Section 15 for reporting requirements for state-supplied and practice-purchased vaccine respectively.

**10. ADMINISTRATION OF STATE-SUPPLIED VACCINATIONS**

- 10.1** Certified clinical personnel will administer state-supplied vaccines in accordance with the guidelines outlined below. This section does not apply to practice-purchased vaccine. This section addresses administrative issues related to vaccine administration; it does not address specific clinical guidelines for vaccine administration. Clinical staff will refer to training and other references for clinical assistance.

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- 10.2** When administering a vaccine, clinical personnel will refer to the PRACTICE NAME New Hampshire Immunization Program Vaccine Usage Log Binder.
- 10.3** The current versions of all VIS sheets are maintained in the PRACTICE NAME New Hampshire Immunization Program Vaccine Usage Log Binder. The VIS sheet will be provided to the parent(s) as required by the National Childhood Injury Act. Refer to Attachment 3 for a sample VIS sheet.
- 10.4** Clinical personnel will take out the yellow *Monthly Vaccine Usage Worksheet* from the front pocket of the PRACTICE NAME New Hampshire Immunization Program Vaccine Usage Log Binder and annotate the vaccine(s) being administered with a tick mark in the appropriate column for the child's age. A single tick mark will be used for each vaccine. Refer to Attachment 4 for a sample *Monthly Vaccine Usage Worksheet*.

**11. WEEKLY STATE-SUPPLIED VACCINE RECONCILIATION**

- 11.1** In order to ensure there are no discrepancies in the documentation of state-supplied vaccine usage, the Vaccine Coordinator will conduct a weekly reconciliation.
- 11.2** All clinical staff members will be involved in resolving any discrepancies.
- 11.3** The Vaccine Coordinator will complete the reconciliation per the instructions outlined in Section 12.3.6 below.

**12. ORDERING OF STATE-SUPPLIED VACCINE**

- 12.1** The Vaccine Coordinator will order state-supplied vaccine per NHIP assigned ordering tier. This section does not apply to practice-purchased vaccine (refer to Section 16 below for ordering instructions for practice-purchased vaccine). The Vaccine Coordinator will order enough vaccines to last a minimum of 28 days. If there is an emergency, vaccine may be ordered in less than 28 days after discussion with the NHIP staff.
- 12.2** Orders will be processed on the latest version of the ordering forms received from the NHIP. The most current forms will be provided by the NHIP in a quarterly mailing (when changes made).
- 12.3** Orders will be submitted as outlined below.
  - 12.3.1** The Vaccine Coordinator will pull the yellow copy of the *Monthly Vaccine Usage Worksheet* from the front pocket of the PRACTICE NAME New Hampshire Immunization Program Vaccine Usage Log Binder. Refer to Attachment 4 for a sample *Monthly Vaccine Usage Worksheet*.

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- 12.3.2** The Vaccine Coordinator will enter the current date (date completing the order) in the second blank space on the line at the top of the *Monthly Vaccine Usage Worksheet* reading “Usage Dates From \_\_\_\_ through \_\_\_\_” to document the end usage date for that form.
- 12.3.3** The Vaccine Coordinator will take a blank, current version of the white *Monthly Vaccine Usage Report* from the PRACTICE NAME New Hampshire Immunization Program Vaccine Coordinator Binder and transfer the usage numbers for each vaccine from the yellow *Monthly Vaccine Usage Worksheet* to the white *Monthly Vaccine Usage Report*. Refer to Attachment 4 for a sample *Monthly Vaccine Usage Report*. While the yellow worksheet contains tick (tally) marks to indicate the number of vaccinations given in each age group, whole numbers will be reported on the white *Monthly Vaccine Usage Report*. The NHIP cannot accept the yellow *Monthly Vaccine Usage Worksheet* in lieu of the white *Monthly Vaccine Usage Report* or tick (tally) marks in lieu of whole numbers.
- 12.3.4** The Vaccine Coordinator will take a blank, current version of the *Doses On Hand Report* from the PRACTICE NAME New Hampshire Immunization Program Vaccine Coordinator Binder. Refer to Attachment 5 for a sample *Doses On Hand Report*.
- 12.3.5** The Vaccine Coordinator will inventory the on hand vaccine and enter the lot number, expiration date, and quantity on hand of each state-supplied vaccine on the *Doses On Hand Report*. The Vaccine Coordinator will ensure that the counted doses only include state-supplied vaccine.
- 12.3.6** The Vaccine Coordinator will then reconcile the on hand data and usage data compared to the beginning inventory. This will be accomplished as follows:
- 12.3.6.1** Record the quantity on hand for each vaccine from the previous month’s order (located on the previous month’s order *Doses On Hand Report*).
- 12.3.6.2** Record the quantity received for each vaccine from the previous month’s order (located on the previous month’s order shipping invoice). Refer to Attachment 6 for a sample order-shipping invoice.
- 12.3.6.3** Add the quantity on hand (value from 12.3.6.1 above) and quantity received (value from 12.3.6.2 above). Subtract the quantity of any vaccine that was returned (i.e. wastage vaccine) or transferred during the ordering period based on any *Vaccine Returns/Wastage Report Forms* (refer to Attachment 7) and/or *NH Immunization Vaccine Transfer Logs* (refer to Attachment 8). This is the beginning inventory.

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- 12.3.6.4** Subtract the usage quantity of each vaccine listed on the *Monthly Vaccine Usage Report* from the beginning inventory balance. This quantity should equal the number on hand from the *Doses On Hand Report*.
- 12.3.6.5** Verify the quantity in 12.3.6.4 for each vaccine equals the quantity listed for each vaccine on the *Doses On Hand Report*.
- 12.3.6.6** If the quantities do not match, the Vaccine Coordinator will recount the quantity on hand. If the quantity on hand is correct, the Vaccine Coordinator will research patient encounters to determine the discrepancy. In most cases, a dosage will not have been logged on the *Monthly Vaccine Usage Worksheet*. Due to the weekly inventory reconciliation process, the Vaccine Coordinator and staff should not have to research more than one week of encounters to resolve the error. Once the error is determined, the associated reports will be updated accordingly (either the *Monthly Vaccine Usage Report* or *Doses On Hand Report*).
- 12.3.7** The Vaccine Coordinator will pull a blank, current version of the *Vaccine Ordering Form* from the PRACTICE NAME New Hampshire Immunization Program Vaccine Coordinator Binder. Refer to Attachment 9 for a sample *Vaccine Ordering Form*. The form will be located with the documentation sent with the previous month's order. The Vaccine Coordinator will fill in the PIN number for the PRACTICE NAME (Pin Number) and any additional identifying information required on the form. Any changes to the name of the practice or Vaccine Coordinator will be noted along with any changes in shipping address or phone and fax numbers on the order form.
- 12.3.8** The Vaccine Coordinator will order an appropriate quantity of each vaccine based on the *Monthly Vaccine Usage Report* (i.e. replace as many as were used during the previous month) or expected usage based on prior history or anticipated events in the next month. The quantity ordered will be based on doses (not vials) and will not be less than the minimum dose per shipment indicated on the *Vaccine Ordering Form* for each specific vaccine.
- 12.3.9** The Vaccine Coordinator will sign and date the *Vaccine Ordering Form*.
- 12.3.10** The Vaccine Coordinator will fax the *Vaccine Ordering Form*, *Doses On Hand Report*, *Monthly Vaccine Usage Report* and temperature logs corresponding to the usage report dates to the NHIP at (603) 271-4932. Orders may also be mailed in lieu of faxing but should not be faxed and mailed.
- 12.4** The NHIP will fax an order confirmation for each order. The confirmation will note any issues or discrepancies with the submitted order or any changes to the requested quantities. If the NHIP annotates discrepancies, the Vaccine



**EXAMPLE \*\*\*\* NHIP Vaccine Management Protocol \*\*\*\*\* EXAMPLE**

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Coordinator will provide the additional requested information to resolve the discrepancy, as the order will not ship unless discrepancies are resolved.

- 12.5** The Vaccine Coordinator will obtain a blank yellow copy of the *Monthly Vaccine Usage Worksheet* and enter the current date in the first blank space on the line reading “Usage Dates From \_\_\_\_\_ through \_\_\_\_\_” to document the start usage date for the form. The Vaccine Coordinator will file the form in the front pocket of the PRACTICE NAME New Hampshire Immunization Program Vaccine Usage Log Binder.

**13. RECEIPT OF STATE-SUPPLIED VACCINE**

- 13.1** The PRACTICE NAME will receive a reviewed copy of the order form from NHIP as confirmation. The faxed order form confirmation from NHIP may show quantity adjustments by the NHIP. This reviewed order form will serve as confirmation that the order has been sent to CDC for shipment by McKesson and/or Merck. When order is received from McKesson and/or Merck it is imperative after checking in vaccine that a copy of the packing slip(s) is faxed to NHIP to (603) 271-4932. This section does not apply to practice purchased vaccine. (refer to Section 16 for information specific to practice-purchased vaccine).
- 13.2** Upon receipt of a vaccine shipment, the Vaccine Coordinator will open the box **immediately** and inspect the contents.
- 13.3** The Vaccine Coordinator will note the condition of the vaccine (i.e. assess any damage to packaging/contents) and check the vaccine cold chain monitor (Winter) or warm mark (Summer) strip that is shipped with every shipment.
- 13.3.1** Varicella, MMR-V, and Zostavax should arrive packed in residual dry ice. If the shipment arrives without dry ice or otherwise does not appear to be at the proper temperature or is damaged, the Vaccine Coordinator will contact Merck directly at (800) 672-6372. Once resolved NHIP will be notified.
- 13.3.2** For all other vaccines, if the vaccine appears too cold in the winter or too warm in the summer, the Vaccine Coordinator will place the vaccine in the required storage conditions apart from other vaccine, label the vaccine “Do Not Use” with a Post It Note or other temporary means, and call the NHIP at (800) 852-3345 Ext. 4482 or (603) 271-4482 for instructions.
- 13.4** The Vaccine Coordinator will remove the shipping packing list and validate the contents match the packing list. This includes verifying the correct name of the vaccine, quantity, lot numbers and expiration dates. A discrepancy in any of these



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will result in notification to the NHIP for further direction. The discrepancy should be noted on the packing list before faxing to NHIP (603) 271-4932.

**13.5** As each vaccine is validated against the packing list, the Vaccine Coordinator will label the outside of the box or plastic bag as follows with a black marker before putting the vaccine in the appropriate storage conditions: 1) label all packages as “State” on at least two sides of the packaging and 2) write the expiration date, month and year, on at least two sides of the packaging. Do not write on/label the actual vaccine container but rather label the box or plastic bag containing the vials of vaccine. Do not label any vaccines that do not match the information on the shipping invoice. Refer to Section 13.4 above.

**13.6** The Vaccine Coordinator will ensure the contents are placed in the required storage conditions as quickly as possible when unpacking, verifying, and labeling the shipment. The Vaccine Coordinator will rotate stock when receiving/unpacking the monthly shipment. Vaccine will be stored in accordance with the First In, First Out (FIFO) inventory methodology. Vaccine will be stored with those with the shortest expiration date at the front of the refrigerator/freezer and those with the longest expiration date at the back.

**13.7** The Vaccine Coordinator will file the packing list and any other documentation received with the order (i.e. forms for the next order) in the PRACTICE NAME New Hampshire Immunization Program Vaccine Coordinator Binder under the “Orders” tab. The packing lists should be kept for a period of three years.

**13.8** The order will be received in a Styrofoam box inside a corrugated box. These shipping materials are the property of McKesson and must be returned to McKesson. Each order will be received with a postage paid return UPS label.

**13.9** After receiving the vaccine, the Vaccine Coordinator will put any packing materials, including the ice packs, back in the Styrofoam box, seal the cardboard box, affix the return shipping label, and place the box at the Reception Desk to be collected by the UPS delivery driver. The Vaccine Coordinator will inform the Front Desk Representatives that the box is ready for return and is to be given to the UPS driver.

Note: The practice may return wastage vaccine in the shipping container per Section 15.1.6 below. The Vaccine Coordinator will verify if there is any wastage vaccine to be returned to McKesson prior to sealing the shipping container and affixing the return UPS label.

**13.10** Merck does not require the return of their boxes.

## **14. MANAGEMENT OF EXCESS/EXPIRING STATE-SUPPLIED VACCINE**

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- 14.1** The Vaccine Coordinator will check the expiration dates of state-supplied vaccine on a weekly basis and when submitting orders per NHIP assigned ordering tier. This section does not apply to practice-purchased vaccine (refer to Section 18 for instructions specific to practice-purchased vaccine).
- 14.2** If the Vaccine Coordinator does not anticipate being able to utilize a vaccine prior to the expiration date, the Vaccine Coordinator will notify the NHIP. The NHIP requests at least a 60-day advance notification to ensure a timely transfer of vaccine. The NHIP will arrange to expedite a transfer to another provider for use prior to the expiration. Single and multi-dose vials will be reported to ensure usage prior to expiration in order to not waste viable vaccine. All vaccines are eligible for transfer except Varicella, MMR-V, and Zostavax.
- 14.3** If directed to do so by the NHIP, the Vaccine Coordinator will transfer excess or expiring vaccine as outlined below.
- 14.3.1** The Vaccine Coordinator will complete a brown *NH Immunization Vaccine Transfer Log* form. Refer to Attachment 8 for a sample *NH Immunization Vaccine Transfer Log*. The NHIP will request the vaccine be sent to their office or will provide the name of the receiving practice, along with the receiving practice's PIN number, in order for the Vaccine Coordinator to complete the *NH Immunization Vaccine Transfer Log* form.
- 14.3.2** The Vaccine Coordinator will fax the completed form to the NHIP at (603) 271-4932.
- 14.3.3** The Vaccine Coordinator will make a copy of the completed form for shipment in the cooler with the vaccine.
- 14.3.4** The Vaccine Coordinator will file the original form in the PRACTICE NAME New Hampshire Immunization Program Vaccine Coordinator Binder in front of the most recent order confirmation documentation in the Orders section.
- 14.3.5** The Vaccine Coordinator will place the vaccine to be transferred in the bottom of a cooler and will cover the vaccine with a Chux pad. The Vaccine Coordinator will put cool packs on top of the Chux pad and enclose the copy of the *NH Immunization Vaccine Transfer Log* form prior to sealing the box for shipment.
- Note: Never place a frozen ice pack directly on a refrigerated vaccine.
- 14.3.6** The Vaccine Coordinator will label and address the shipment cooler per the guidance of the NHIP and will ensure the timely shipment of the vaccine.

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**15. MANAGEMENT OF MISHANDLED STATE-SUPPLIED VACCINE**

- 15.1** If a state-supplied vaccine is left at room or refrigerator temperature, as applicable, the following procedures will be followed. This section does not apply to practice-purchased vaccine (refer to Section 16 for instructions specific to practice-purchased vaccine).
- 15.1.1** Mark the exposed vials to distinguish them from non-affected vials (i.e. with a Post It Note).
- 15.1.2** Record the temperature and time at which the vials were found. Record the room temperature.
- 15.1.3** Put the vaccine immediately in the refrigerator or freezer, if working, or transfer the vaccine to a working refrigerator or freezer as quickly as possible, in accordance with Section 18 below regarding proper transport procedures. The vaccine will be kept separated from non-affected vaccine in the refrigerator or freezer. Refreeze Varicella, MMR-V, and Zostavax vaccine immediately.
- 15.1.4** Notify the Vaccine Coordinator and provide the information from Section 15.1.2.
- 15.1.5** The Vaccine Coordinator will call the NHIP immediately at (800) 852-3345, Ext. 4482 or (603) 271-4482 for instructions. Several variables, such as the room temperature, the minimum and the maximum temperature reached and maximum length of exposure to higher/lower temperatures, will determine whether the vaccine has been compromised. The NHIP will provide the proper guidance on whether the vaccine is safe or unusable or if it will be given a new expiration date. **Do not** assume the vaccine is unusable.
- 15.1.6** If a vaccine is determined to be unusable (wasted) by NHIP, the wasted vaccine must be returned to McKesson. Vaccines are never to be disposed of locally unless spit out or pre-drawn (refer to Section 15.2). To return the vaccine as wasted, the Vaccine Coordinator will complete a blue *Vaccine Returns/Wastage Report Form*. Refer to Attachment 7 for a sample *Vaccine Returns/Wastage Report Form*. The Vaccine Coordinator will complete all sections of the *Vaccine Returns/Wastage Report Form*, indicating why/how the vaccine was wasted. To save funds, the Vaccine Coordinator will return any wastage vaccine in the received shipping container from the next vaccine shipment as described in Section 13.8. The Vaccine Coordinator will make a copy of the completed *Vaccine Returns/Wastage Report Form* and enclose the original with the shipment to the McKesson. The Vaccine Coordinator will file the copy in the Orders section of the PRACTICE NAME New Hampshire Immunization Program Vaccine Coordinator Binder to ensure accountability when completing the weekly vaccine reconciliation. All vaccine return forms must be kept for a period of three years.

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**15.1.7** If a vaccine is determined to be usable, the Vaccine Coordinator will follow all directions provided by the NHIP. The vaccine may be considered usable but require a new expiration date. If applicable, the old expiration date will be crossed out and the new expiration date added with a marker. Ensure any new expiration dates are clearly marked.

**15.2** If a vaccine is drawn and then refused by the patient, incorrectly drawn, spit out or otherwise wasted, it must also be reported as wastage but will not be returned to McKesson. The Vaccine Coordinator will complete a blue *Vaccine Returns/Wastage Report Form* indicating how the vaccine was wasted and fax the report to the NHIP at (603) 271-4932. The vaccine will then be disposed of as bio-hazardous waste.

**16. ORDERING OF PRACTICE PURCHASED VACCINE**

**17. MANAGEMENT OF VACCINE DURING POWER OUTAGES**

**17.1 Power Outages During Work Hours**

**17.1.1** In the event of a power outage during work hours, the Vaccine Coordinator will immediately note the time of the power outage and record both the refrigerator and freezer temperatures from the internal manual thermometers.

**17.1.2** Immediately after obtaining the refrigerator and freezer temperatures, the Vaccine Coordinator will seal the freezer and refrigerator doors with packing tape to prevent staff members from inadvertently opening the refrigerator or freezer. **Do not** re-open the doors unless preparing the vaccine for transport. The refrigerator and freezer will maintain a safe temperature for up to several hours if the doors are not opened.

**17.1.3** The Vaccine Coordinator will contact the NHIP at (800) 852-3345 Ext. 4482 to report the power outage and request instructions. The Vaccine Coordinator will follow the directions provided by the NHIP as well as the remaining instructions in this section as appropriate for both state-supplied and practice-purchased vaccine. If only practice-purchased vaccine is affected, the Vaccine Coordinator will contact the manufacturer in lieu of the NHIP. However, in general, both practice-purchased and state-supplied vaccine will be affected and the guidance of the NHIP will be utilized for all vaccine.

**17.1.4** The Vaccine Coordinator will continue to log temperatures from the external digital thermometers at regular intervals not to exceed 30 minutes if possible.

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- 17.1.5** The Vaccine Coordinator will contact the Electric Service Provider if possible to determine if the outage will be for an extended time period.
- 17.1.6** If the power is restored quickly, and the temperatures have remained within the proper limits, the Vaccine Coordinator will notify the NHIP at (800) 852-3345 Ext. 4482 or (603) 271-4482. In this case, the NHIP will most likely inform the Vaccine Coordinator that no further action is needed. The Vaccine Coordinator will write a memorandum for record documenting the power outage, logged temperatures during the outage, time power was lost and restored, and notifications to and instructions from the NHIP (noting whom spoken with). The Vaccine Coordinator will file the memorandum for record in the Temperature Log Binder with the appropriate month's temperature log.
- 17.1.7** If power has not been restored and either the temperatures are close to going out of range or the end of the workday is approaching, the Vaccine Coordinator will notify the NHIP at (800) 852-3345 Ext. 4482 or (603) 271-4482 for permission to transport the vaccine to predetermined site with electricity (may be affiliated Hospital). The Vaccine Coordinator will call the predetermined site to alert them that the vaccine inventory of PRACTICE NAME will be transported and give an estimated time of arrival. Request the NHIP indicate any special packing instructions due to climatic and seasonal changes if transport is approved. The Vaccine Coordinator will write a Memorandum for record documenting the power outage, logged temperatures during the outage, time power was lost, and notifications to and instructions from the NHIP. The Vaccine Coordinator will file the Memorandum for record in the Temperature Log Binder with the appropriate month's temperature log.
- 17.2 Power Outages After Work Hours**
- 17.2.1** In the event of a power outage after work hours, the first staff member to arrive and discover the power outage will immediately note the time of discovery and record both the refrigerator and freezer temperatures from the internal manual thermometers.
- 17.2.2** Immediately after obtaining the refrigerator and freezer temperatures, the staff member will seal the freezer and refrigerator doors with packing tape to prevent other staff members from inadvertently opening the refrigerator or freezer. **Do not** re-open the doors unless preparing the vaccine for transport.
- 17.2.3** If the Vaccine Coordinator/Alternate has not arrived, the staff member will contact the NHIP at (800) 852-3345 Ext. 4482 (603) 271-4482 to report the power outage and request instructions, providing as much information as possible about the potential time frame for the loss of power and local conditions. If the Vaccine

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Coordinator/Alternate has arrived, the Vaccine Coordinator/Alternate will assume responsibility for this notification. The staff member and/or Vaccine Coordinator/Alternate will follow the directions provided by the NHIP as well as the remaining instructions in this section as appropriate.

- 17.2.4** If the Vaccine Coordinator has not arrived, the staff member will contact the Vaccine Coordinator per the PRACTICE NAME Emergency Contact List and Call Tree and notify the Vaccine Coordinator of the situation, steps taken, and instructions received as of that time. The Vaccine Coordinator will make every attempt to report to the PRACTICE NAME or will notify the Alternate Vaccine Coordinator if unable to report to work.
- 17.2.5** If the Vaccine Coordinator/Alternate has not arrived, the staff member will continue to log temperatures from the external digital thermometers, if possible, at regular intervals not to exceed 30 minutes. If the Vaccine Coordinator/Alternate has arrived, the Vaccine Coordinator/Alternate will assume this responsibility.
- 17.2.6** If the Vaccine Coordinator/Alternate has not arrived, the staff member will contact the electric service provider if possible to determine if the outage will be for an extended time period. If the Vaccine Coordinator/Alternate has arrived, the Vaccine Coordinator/Alternate will assume this responsibility.
- 17.2.7** If the Vaccine Coordinator/Alternate has not arrived, and the power is restored quickly **and** the temperatures have remained within the proper limits, the staff member will notify the NHIP at (800) 852-3345 Ext. 4482 or (603) 271-4482. In this case, NHIP will most likely inform the staff member that no further action is needed. If the Vaccine Coordinator/Alternate has arrived, the Vaccine Coordinator/Alternate will assume this responsibility. Upon arrival, the Vaccine Coordinator/Alternate will write a memorandum for record documenting the power outage, temperatures logged during the outage, time the power outage was discovered and power restored, and notifications to and instructions from the NHIP. The Vaccine Coordinator will file the memorandum for record in the Temperature Log Binder with the appropriate month's temperature log.
- 17.2.8** If the Vaccine Coordinator/Alternate has not arrived, the power has not been restored and either the temperatures are close to going out of range or are out of range or the end of the workday is approaching, the staff member will notify the NHIP at (800) 852-3345 Ext. 4482 or (603) 271-4482 for permission to transport the vaccine to the predetermined site, (may be affiliated Hospital). Request the NHIP indicate any special packing instructions due to climatic and seasonal changes if transport is approved. If transport is not approved, ensure any provided instructions are followed and documented. If the transport is approved, the staff member will contact the predetermined site, (may be affiliated Hospital) to notify them of the need to transport vaccine for storage. As soon as permission is



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received/storage is coordinated, the staff member will follow the steps in Section 18 below to properly transport the vaccine to predetermined site, or Hospital. If the Vaccine Coordinator/Alternate has arrived, the Vaccine Coordinator/Alternate will assume this responsibility. Upon arrival, the Vaccine Coordinator/Alternate will write a memorandum for record documenting the power outage, temperatures logged during the outage, time the power outage was discovered, and notifications to and instructions from the NHIP. The Vaccine Coordinator will file the memorandum for record in the Temperature Log Binder with the appropriate month's temperature log.

**17.3 Receipt Of New Vaccine**

**17.3.1** If any new vaccine is receiving during a power outage or before a determination has been made regarding the efficacy of the affected vaccine, the Vaccine Coordinator will keep the exposed vaccine separated from the newly arrived vaccine. The newly arrived vaccine may be left in its unopened original shipping container for up to 24 hrs with direction from NHIP.

**17.3.2** The new vaccine will be transported immediately to predetermined site or Hospital per Section 18 if received during the actual power outage to ensure it is maintained at the proper temperature.

**18. TRANSPORTATION OF VACCINE**

**18.1** In the event vaccine must be transported to predetermined site or Hospital, the Vaccine Coordinator or covering staff member will ensure the site has been notified regarding the transport of the vaccine and has adequate storage capability. Prior to leaving the practice, the Vaccine Coordinator or covering staff member must be aware of where to take the vaccine.

**18.2** The Vaccine Coordinator or covering staff member will ensure the following steps are taken to properly transport and maximize the viability of the vaccine.

**18.2.1** If not already accomplished, contact the NHIP at (800) 852-3345 Ext. 4482 or (603) 271-4482 for any special packing instructions due to climatic and seasonal changes.

**18.2.2** Ensure a minimum of three staff members are available to assist with the packing and transport of the vaccine. Designate a staff member for each of the following functions: 1) un-packer will empty the refrigerator and read off the product name, lot number and expiration date of each vaccine and indicate whether it is a state-purchased or practice-purchased vaccine, 2) inventory recorder will record the inventory with the product name, lot number, expiration date, and purchase origin, 3) re-packer will package the vaccine per the guidelines in this section. As many



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staff members as possible assisting with the transport will have flashlights for assistance.

**18.2.3** Obtain the appropriate packing containers. Vaccine, with the exception of Varicella, MMR-V, and Zostavax, may be transported in insulated containers with an adequate number of cold and ice packs.

**18.2.4** Obtain a note pad or blank paper to record the inventory and Doses on Hand report maybe used.

**18.2.5** Open the refrigerator.

**18.2.5.1** Empty the state-supplied vaccine first, followed by the practice-purchased vaccine. Read off and record each vaccine's name, lot number, expiration date, and purchase origin.

**18.2.5.2** Adhere to the following guidelines when packing the vaccine. Since cold travels down, pack the vaccine on the bottom of the container, insert a manual thermometer to enable checking the temperature upon arrival, place a layer of insulating material on top of the vaccine (i.e. a Chux pad), and then place ice packs on top of the insulating material. Co-mingling of state and practice-purchased vaccine is permitted if necessary. Some of the vaccine could be damaged from freezing. Avoid putting too much cold mass in the container as it may accidentally freeze the vaccine. Unpackaged vials or pre-filled syringes of refrigerated vaccines must not directly touch the ice packs as this will cause the vaccine to freeze and therefore be compromised. Maintain the vaccine in the original packaging during transport and be sure to use an adequate insulating layer to separate the vaccine from the ice packs and protect the vaccine from freezing.

**18.2.5.3** Ensure all vaccines are accounted for and packed.

**18.2.5.4** Seal and label the box(es) for transport.

**18.2.6** Open the freezer.

**18.2.6.1** Empty the state-supplied vaccine first, followed by the practice-purchased vaccine, if any. Read off and record each vaccine's name, lot number, expiration date and purchase origin.

**18.2.6.2** Varicella, MMR-V, and Zostavax vaccine have stringent temperature requirements and should be transported on dry ice in insulated containers. If no dry ice is available, use an insulated container and icepacks - In this case frozen ice packs should be inserted first. Then vaccines, then more frozen ice packs as many as possible. Insert a manual freezer thermometer to enable checking the temperature

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upon arrival. Do not use an insulating layer (i.e. Chux pad) as these vaccines are to be maintained frozen.

**18.2.6.3** Ensure all vaccines are accounted for and packed.

**18.2.6.4** Seal and label the box(es) for transport.

**18.2.7** Load the box(es) in a staff member's car. Transport the vaccine directly to predetermined site or Hospital. If possible, send two or more staff members to assist with the timely transport of the vaccine, especially upon arrival at the predetermined site or hospital.

**18.2.8** Upon arrival at the predetermined site or hospital, unpack and place the vaccine immediately in the appropriate storage refrigerator/freezer.

**18.2.9** Address the frozen vaccine first, especially if not transported on dry ice.

**18.2.9.1** Unseal the box (es) and record the time of arrival and temperature of each box. If the temperature with the box is outside of the allowable range, note the contents, temperature, and time, and then contact the NHIP for instruction.

**18.2.9.2** Ensure the box(es) is immediately put in the freezer. If the box(es) is/are taken by a site or hospital staff member to be placed in the freezer, ask to accompany them and reiterate that the box(es) must be placed in the freezer. Unpack the contents or ensure the box(es) is/are left open to maintain the appropriate temperature inside the box(es). Do not seal insulated boxes/coolers, as this will prevent the interior of the boxes from reaching the appropriate freezer temperature. Merck will need to be called at (800) 982-7482 and they will probably change the expiration date.

**Note:** Best practice is to transport freezer vaccines on dry ice. Should dry ice not be available during an emergency pack the box(es) heavily with regular ice packs. Dry ice **must** be obtained for return transport of freezer vaccines. Call NHIP for directions or help obtaining dry ice at (800) 852-3345 Ext. 4482 or (603) 271-4482.

**18.2.9.3** Address the refrigerated vaccine second.

**18.2.9.4** Unseal the box(es) and record the time of arrival and temperature of each box. If there are temperature differences between the boxes that are outside of the allowable range, note the contents, temperature, and time and then contact the NHIP for instructions.

**18.2.9.5** Ensure the box(es) is/are immediately put in the refrigerator. If the box(es) is/are taken by a site or hospital staff member to be placed in the refrigerator, ask to

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accompany them and reiterate that the box(es) must be placed in the refrigerator. Unpack the contents or ensure the box(es) is/are left open to maintain the appropriate temperature inside the box(es). Do not seal insulated boxes/coolers as this will prevent the interior of the box(es) from reaching the appropriate refrigerator temperature.

- 18.3** Upon return to the practice, the Vaccine Coordinator will write a memorandum for record documenting the transport noting the time of arrival and temperatures upon arrival.

Upon restoration of power, notify the receiving site or hospital and coordinate a time for picking up the vaccine. Utilize two or more staff members if possible to return the vaccine. If not transported on dry ice, Varicella, MMR-V and Zostavax should remain at receiving site to become a permanent part of their vaccine inventory. A new supply should be ordered for PRACTICE NAME through NHIP or through private ordering procedures.

- 18.4** Address the refrigerated vaccine first and the frozen vaccine second as described below.

- 18.4.1** Re-pack the box(es) if unpacked as described in Section 18.2.5.2.

- 18.4.2** Record the time of departure and temperature of each box.

- 18.4.3** Seal the box(es).

- 18.4.4** Transport the box(es) to the practice via a staff member vehicle.

- 18.5** Upon arrival at the PRACTICE NAME, address the frozen vaccine first and the refrigerated vaccine second as described below.

- 18.5.1** Unseal the box(es) and record the time of arrival and temperature of each box. If the temperature within the box(es) is outside of the allowable range, note the contents, temperature, and time, and then contact the NHIP for instruction.

- 18.5.2** Unpack the vaccines, verifying each vaccine's name, lot number, expiration date and purchase source against the packing inventory.

- 18.5.3** Ensure the vaccine is stored back in the refrigerator as appropriate (i.e. correct trays, correct shelves, and separated state and practice-purchased vaccine).

- 18.6** Ensure there is no missing vaccine or other discrepancies between the packing list and on hand vaccine. Resolve any discrepancies as needed.

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- 18.7** Notify the NHIP at (800) 852-3345 Ext. 4482 or (603) 271-4482 upon completion of the restocking of the vaccine. Provide all of the information on transport departure and arrival times and temperatures. If any vaccine was out of the required temperature ranges, the NHIP will determine if expiration dates need to be shortened or if any vaccine must be returned due to spoilage. The NHIP may direct the Vaccine Coordinator to contact Merck directly regarding any frozen live vaccine for a determination on efficacy. The Vaccine Coordinator will take the appropriate action as directed by the NHIP. This may include documenting in black marker a new expiration date or completing a Return Form per Section 15 above to return spoiled/wastage state-supplied and practice-purchased vaccine respectively.
- 18.8** The Vaccine Coordinator will write a memorandum for record documenting the transportation departure and arrival times, temperature, and disposition of the vaccine based on the information provided by the NHIP.

**19. VACCINE PROGRAM BINDERS**

**19.1 NHIP Vaccine Coordinator Binder**

- 19.1.1** The PRACTICE NAME New Hampshire Immunization Program Vaccine Coordinator Binder will be used primarily by the Vaccine Coordinator but will be maintained in the cupboard next to the vaccine refrigerator for staff access to master documents as needed.
- 19.1.2** The Vaccine Coordinator will update the binder quarterly to ensure currency.
- 19.1.3** The Vaccine Coordinator will ensure the following information is maintained in the binder in the following order:
- 19.1.3.1** State-Supplied Vaccine Orders: Maintain three years of state-supplied vaccine orders, including all accompanying paperwork sent with the order. Orders will be filed from newest to oldest.
- 19.1.3.2** NHIP Forms (Master Copies): Maintain the most current version of the following forms; 1) *NHIP Temperature Log*, 2) *Doses On Hand Report*, 3) *Monthly Vaccine Usage Report*, 4) *Monthly Vaccine Usage Worksheet*, 5) *Current Year Influenza Vaccine Usage Report* (refer to Attachment 10 for a sample *Influenza Vaccine Usage Report*), 6) *Vaccine Returns/Wastage Report Form*, 7) *NH Immunization Vaccine Transfer Log*, and 8) *Vaccine Adverse Event Reporting System (VAERS) Form VAERS-1 (FDA)*. Refer to Attachment 11 for a sample *Vaccine Adverse Event Reporting System (VAERS) Form VAERS-1 (FDA)*.

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- 19.1.3.3** Current Correspondence: Maintain all current correspondence/notifications from the NHIP, Centers for Disease Control, and State of New Hampshire Department of Health and Human Services. Documentation will be maintained for one year and may be kept longer as needed for reference.
- 19.1.3.4** Program Inspection Documentation And Reports: Maintain at least two years worth of the annual inspection reports from the State of New Hampshire Department of Health and Human Services Division of Public Health Services.
- 19.1.3.5** Vaccine Provider Certification: Maintain at least three years worth of the New Hampshire Immunization Provider Certification Forms and New Hampshire Immunization Varicella/MMR-V Certification Forms.
- 19.1.3.6** PRACTICE NAME Immunization Forms (Master Copies): Maintain the most current version of the following forms; 1) *Adult Immunization Record*, 2) *Pediatric Immunization Record*, 3) *Vaccine Consent Form*; 4) *Let's Get Immunized Against The Flu! Form*; and 5) *Let's Get Immunized Against Pneumonia! Form*.
- 19.1.3.7** Vaccine Information Statement (VIS) Sheets (Master Copies): Maintain the most current version of each VIS sheet downloaded from the Centers For Disease Control website. Indicate the date last researched for currency on a Post It Note attached to each sheet to ensure quarterly checks for currency.
- 19.1.3.8** NHIP Marketing (Posters): Maintain a master copy of marketing materials provided by the NHIP for reference and distribution to applicable patients/parents.

**19.2 NHIP Vaccine Usage Log Binder**

- 19.2.1** The PRACTICE NAME New Hampshire Immunization Program Vaccine Usage Log Binder will be used primarily by clinical staff when administering vaccinations. The binder will be maintained in the cupboard next to the vaccine refrigerator for staff member and Vaccine Coordinator access.
- 19.2.2** The Vaccine Coordinator will update and replenish the binder quarterly, or sooner if needed, to ensure currency and availability of documentation required by the clinical staff.
- 19.2.3** The Vaccine Coordinator will ensure the following information is maintained in the binder in the following order:
  - 19.2.3.1** Immunization Schedules: Maintain a copy of the most current version of the *Recommended Adult Immunization Schedule United States, Current Version*, *Recommended Immunization Schedule For Children And Adolescents Aged 0-18 Years – United States, Current Version*, and *Recommended Immunization Schedule*

**EXAMPLE \*\*\*\* NHIP Vaccine Management Protocol \*\*\*\*\* EXAMPLE**

This document is an **EXAMPLE** for practices to use AS A REFERENCE to create their own Protocol document. The language in this document can be copied/pasted, rewritten or ignored depending on the needs of your practice.

*for Children and Adolescents Who Start Late or Who Are More Than 1 Month Behind, U.S., Current Version schedules.*

- 19.2.3.2** Vaccine Brand Tip Sheet: Maintain a copy of the most current version of the *Vaccine Brand Tip Sheet* provided by the NHIP.
- 19.2.3.3** VIS Sheet Publication Dates: Maintain a copy of the most current version of the *CDC Vaccine Information Statement Publication Dates* listing. This document will be maintained and updated by the Vaccine Coordinator and also posted for reference next to or on the vaccine refrigerator for reference when completing the *Adult Immunization Record* or *Pediatric Immunization Record*.
- 19.2.3.4** Adult Immunization Records: Maintain multiple copies of the *Adult Immunization Record* in a paper protector for ease of access by clinical staff when administering vaccinations. The Vaccine Coordinator will ensure sufficient copies are made for the binder during the quarterly binder check or sooner if needed.
- 19.2.3.5** Pediatric Immunization Records: Maintain multiple copies of the *Pediatric Immunization Record* in a paper protector for ease of access by clinical staff when administering vaccinations. The Vaccine Coordinator will ensure sufficient copies are made for the binder during the quarterly binder check or sooner if needed.
- 19.2.3.6** Vaccine Consent Forms: Maintain multiple copies of the *Vaccine Consent Form* in a paper protector for ease of access by clinical staff when administering vaccinations. The Vaccine Coordinator will ensure sufficient copies are made for the binder during the quarterly binder check or sooner if needed.
- 19.2.3.7** After The Shots Sheet: Maintain multiple copies of the *After the Shots...* sheet provided by the NHIP from the Immunization Action Coalition in a paper protector for ease of access by clinical staff when administering vaccinations. The Vaccine Coordinator will ensure sufficient copies are made for the binder during the quarterly binder check or sooner if needed. These sheets are distributed to parents when vaccines are administered to provide information to parents on care for their child post-vaccination. Refer to Attachment 12 for a sample *After the Shots...* sheet.
- 19.2.3.8** NH Simplified Immunization Schedule: Maintain a copy of the *New Hampshire Simplified Schedule* provided by the NHIP.
- 19.2.3.9** Administering Vaccines Sheet: Maintain a copy of the *Administering Vaccines: Dose, Route, Site, and Needle Size* sheet provided by the Immunization Action Coalition.

**EXAMPLE \*\*\*\* NHIP Vaccine Management Protocol \*\*\*\*\* EXAMPLE**

This document is an **EXAMPLE** for practices to use AS A REFERENCE to create their own Protocol document. The language in this document can be copied/pasted, rewritten or ignored depending on the needs of your practice.

**19.2.3.10** VIS Sheets: Maintain multiple copies of each VIS Sheet. The Vaccine Coordinator will ensure sufficient copies are made for the binder during the quarterly binder check or sooner if needed.

**19.3 Practice-Purchased Vaccine Program Binder**

**19.3.1** The PRACTICE NAME Practice-Purchased Vaccine Program Binder will be used primarily by the Vaccine Coordinator but will be maintained in the cupboard next to the vaccine refrigerator for staff access to master documents as needed.

**19.3.2** The Vaccine Coordinator will update the binder quarterly to ensure currency.

**19.3.3** The Vaccine Coordinator will ensure the following information is maintained in the binder in the following order:

**19.3.3.1** Protocol 1-4: Maintain a copy of this protocol, Protocol 1-4, *Vaccine Program Management*, for reference by clinical staff.

**19.3.3.2** Practice-Purchased Orders: Maintain twelve months of practice-purchased vaccine orders, including all accompanying paperwork sent with the order. Orders will be filed from newest to oldest.

**19.3.3.3** Forms: Maintain multiple copies of the *PRACTICE NAME Vaccine Transfer Log* and *PRACTICE NAME Vaccine Spoilage/Waste/Destruction Report Form* in separate paper protectors.

**19.3.3.4** Reports: Maintain the completed copies of any *PRACTICE NAME Vaccine Transfer Logs*, *PRACTICE NAME Vaccine Spoilage/Waste/Destruction Report Forms*, or memorandums for record. This documentation will be maintained for at least 12 months.

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Signature: [NAME], Practice Manager



**EXAMPLE \*\*\*\* NHIP Vaccine Management Protocol \*\*\*\*\* EXAMPLE**

This document is an **EXAMPLE** for practices to use AS A REFERENCE to create their own Protocol document. The language in this document can be copied/pasted, rewritten or ignored depending on the needs of your practice.

Attachments: (See PDF: NHIP Vaccine Management Protocol Attachments)

1. Sample *NHIP Temperature Log*
2. Sample Vaccine Information Statement (VIS) Sheet
3. Sample *Monthly Vaccine Usage Worksheet*
4. Sample *Monthly Vaccine Usage Report*
5. Sample *Doses On Hand Report*
6. Sample Order Shipping Invoice
7. Sample *Vaccine Returns/Wastage Report Form*
8. Sample *NH Immunization Vaccine Transfer Log*
9. Sample *Vaccine Ordering Form*
10. Sample *Influenza Vaccine Usage Report*
11. Sample *Vaccine Adverse Event Reporting System (VAERS) Form VAERS-1 (FDA)*
12. Sample *After the Shots...Sheet*

| <b>NEW HAMPSHIRE IMMUNIZATION PROGRAM</b> |    |    |   |    |    |    |    |    |    | Provider Pin Number _____ |    |    |    |    |             |    |    |    |    |    |
|---|----|----|---|----|----|----|----|----|----|---------------------------|----|----|----|----|-------------|----|----|----|----|----|
| <b>CELSIUS (°C) TEMPERATURE LOG</b>       |    |    |   |    |    |    |    |    |    | MONTH: _____              |    |    |    |    | Days 1 - 15 |    |    |    |    |    |
| <b>REFRIGERATOR</b>                       |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| Staff Initials                            |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| Time                                      |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| Day of Month                              | 1  | 2  | 3   | 4  | 5  | 6  | 7  | 8  | 9  | 10                        | 11 | 12 | 13 | 14 | 15          |    |    |    |    |    |
| °C Temp                                   | am | pm | am  | pm | am | pm | am | pm | am | pm                        | am | pm | am | pm | am          | pm | am | pm | am | pm |
| ≥11                                       |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| 10  |    |    | Take immediate action if temperature is in shaded section |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| 9   |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| 8   |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| 7   |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| 6   |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| 5   |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| 4   |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| 3   |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| 2   |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| 1   |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| 0   |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| <-1                                       |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| <b>FREEZER</b>                            |    |    | Take immediate action if temperature is in shaded section |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| ≥-12                                      |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| -13                                       |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| -14                                       |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| -15                                       |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| -16                                       |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| -17                                       |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| -18                                       |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| -19                                       |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |
| ≤-20                                      |    |    |   |    |    |    |    |    |    |                           |    |    |    |    |             |    |    |    |    |    |

**Instructions:**

Place an "X" in the box that corresponds with the temperature (rows), day of the month, and am or pm (columns) for your temperature check. Then enter your initials and the time you monitored the temperature in the boxes at the top of the chart.

**If the temperature is in the gray range:**

1. Store the vaccine under proper conditions as quickly as possible.
2. Call the New Hampshire Immunization Program at 800-852-3345, ext. 4463 or 271-4463 for further assistance.

| NEW HAMPSHIRE IMMUNIZATION PROGRAM |    |    |   |    |    |    |    |    |    | Provider Pin Number _____ |    |    |              |    |    |    |
|------------------------------------|----|----|---|----|----|----|----|----|----|---------------------------|----|----|--------------|----|----|----|
| CELSIUS (°C) TEMPERATURE LOG       |    |    |   |    |    |    |    |    |    | MONTH: _____              |    |    | Days 16 - 31 |    |    |    |
| REFRIGERATOR                       |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| Staff Initials                     |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| Time                               |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| Day of Month                       | 16 | 17 | 18  | 19 | 20 | 21 | 22 | 23 | 24 | 25                        | 26 | 27 | 28           | 29 | 30 | 31 |
| °C Temp                            | am | pm | am  | pm | am | pm | am | pm | am | pm                        | am | pm | am           | pm | am | pm |
| ≥11                                |    |    | Take immediate action if temperature is in shaded section |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| 10                                 |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| 9                                  |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| 8                                  |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| 7                                  |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| 6                                  |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| 5                                  |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| 4                                  |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| 3                                  |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| 2                                  |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| 1                                  |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| 0                                  |    |    | Take immediate action if temperature is in shaded section |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| ≤-1                                |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| FREEZER                            |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| ≥-12                               |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| -13                                |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| -14                                |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| -15                                |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| -16                                |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| -17                                |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| -18                                |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| -19                                |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |
| ≤-20                               |    |    |   |    |    |    |    |    |    |                           |    |    |              |    |    |    |

**Instructions:**

Place an "X" in the box that corresponds with the temperature (rows), day of the month, and am or pm (columns) for your temperature check. Then enter your initials and the time you monitored the temperature in the boxes at the top of the chart.

**If the temperature is in the gray range:**

1. Store the vaccine under proper conditions as quickly as possible.
2. Call the New Hampshire Immunization Program at 800-852-3345, ext. 4463 or 271-4463 for further assistance.

# YOUR BABY'S FIRST VACCINES

## WHAT YOU NEED TO KNOW

Babies get six vaccines  
between birth and  
6 months of age.

These vaccines  
protect your baby  
from 8 serious diseases  
(see the next page).



**Your baby will get vaccines today that prevent  
these diseases:**

- ☐ Hepatitis B    ☐ Polio    ☐ Pneumococcal Disease  
☐ Diphtheria, Tetanus & Pertussis    ☐ Rotavirus    ☐ Hib

(Provider: Check appropriate boxes)

These vaccines may be given separately, or some might be given  
together in the same shot (for example, Hepatitis B and Hib can be  
given together, and so can DTaP, Polio and Hepatitis B).

These “combination vaccines” are as safe and effective as  
the individual vaccines, and mean fewer shots for your baby.

***These vaccines may all be given at the same visit.  
Getting several vaccines at the same time will not harm your baby.***

**This *Vaccine Information Statement (VIS)* tells you about the benefits and risks of  
these vaccines. It also contains information about reporting an adverse reaction, the  
National Vaccine Injury Compensation Program, and how to get more information  
about childhood diseases and vaccines.**

**Please read this VIS before your child gets his or her immunizations, and take it home  
with you afterward. Ask your doctor, nurse, or other healthcare provider if you have  
questions.**

Individual Vaccine Information Statements are also available for these vaccines.

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION**



Vaccine Information Statement  
(Interim)  
42 U.S.C. § 300aa-26  
**9/18/2008**

## Vaccine Benefits: Why get vaccinated?

Your children's first vaccines protect them from **8 serious diseases**, caused by viruses and bacteria. These diseases have injured and killed many children (and adults) over the years. **Polio** paralyzed about 37,000 people and killed about 1,700 each year in the 1950s before there was a vaccine. In the 1980s, **Hib disease** was the leading cause of bacterial meningitis in children under 5 years of age. About 15,000 people a year died from **diphtheria** before there was a vaccine. Most children have had at least one rotavirus infection by their 5th birthday.

None of these diseases has completely disappeared. Without vaccination, they will come back. This has happened in other parts of the world.

### 8 Diseases Prevented by Childhood Vaccines

#### DIPHTHERIA

*Bacteria*

**You can get it from** contact with an infected person.

**Signs and symptoms** include a thick covering in the back of the throat that can make it hard to breathe.

**It can lead to** breathing problems, heart failure, and death.

#### TETANUS (Lockjaw)

*Bacteria*

**You can get it from** a cut or wound. It does not spread from person to person.

**Signs and symptoms** include painful tightening of the muscles, usually all over the body.

**It can lead to** stiffness of the jaw, so the victim can't open his mouth or swallow. It leads to death in about 1 case out of 5.

#### PERTUSSIS (Whooping Cough)

*Bacteria*

**You can get it from** contact with an infected person.

**Signs and symptoms** include violent coughing spells that can make it hard for an infant to eat, drink, or breathe. These spells can last for weeks.

**It can lead to** pneumonia, seizures (jerking and staring spells), brain damage, and death.

#### HIB (*Haemophilus influenzae* type b)

*Bacteria*

**You can get it from** contact with an infected person.

**Signs and symptoms.** There may be no signs or symptoms in mild cases.

**It can lead to** meningitis (infection of the brain and spinal cord coverings); pneumonia; infections of the blood, joints, bones, and covering of the heart; brain damage; deafness; and death.

#### HEPATITIS B

*Virus*

**You can get it from** contact with blood or body fluids of an infected person. Babies can get it at birth if the mother is infected, or through a cut or wound. Adults can get it from unprotected sex, sharing needles, or other exposures to blood.

**Signs and symptoms** include tiredness, diarrhea and vomiting, jaundice (yellow skin or eyes), and pain in muscles, joints and stomach.

**It can lead to** liver damage, liver cancer, and death.

#### POLIO

*Virus*

**You can get it from** close contact with an infected person. It enters the body through the mouth.

**Signs and symptoms** can include a cold-like illness, or there may be no signs or symptoms at all.

**It can lead to** paralysis (can't move arm or leg), or death (by paralyzing breathing muscles).

#### PNEUMOCOCCAL

*Bacteria*

**You can get it from** contact with an infected person.

**Signs and symptoms** include fever, chills, cough, and chest pain.

**It can lead to** meningitis (infection of the brain and spinal cord coverings), blood infections, ear infections, pneumonia, deafness, brain damage, and death.

#### ROTAVIRUS

*Virus*

**You can get it from** contact with other children who are infected.

**Signs and symptoms** include severe diarrhea, vomiting and fever.

**It can lead to** dehydration, hospitalization (up to about 70,000 a year), and death.

### How Vaccines Work

**Immunity from Disease:** When a child gets sick with one of these diseases, her immune system produces immunity, which keeps her from getting the same disease again. But getting sick is unpleasant, and can be dangerous.

**Immunity from Vaccines:** Vaccines are made with the same bacteria or viruses that cause a disease, but they have been weakened or killed to make them safe. A child's immune system responds to a vaccine the same way it would if the child had the disease. This means he will develop immunity without having to get sick first.

## Routine Childhood Vaccines

Six vaccines are recommended for children between birth and 6 months of age. They can prevent the 8 diseases described on the previous page. Children will also get at least one “booster” dose of most of these vaccines when they are older.

- **DTaP** (Diphtheria, Tetanus & Pertussis) Vaccine: 5 doses – 2 months, 4 months, 6 months, 15-18 months, 4-6 years. Some children should not get pertussis vaccine. These children can get a vaccine called **DT**, which does not contain pertussis.
- **Hepatitis B** Vaccine: 3 doses – Birth, 1-2 months, 6-18 months.
- **Polio** Vaccine: 4 doses – 2 months, 4 months, 6-18 months, 4-6 years.
- **Hib** (*Haemophilus influenzae* type b) Vaccine: 3 or 4 doses – 2 months, 4 months, 6 months, 12-15 months. Several Hib vaccines are available. With one type, the 6-month dose is not needed.
- **Pneumococcal** Vaccine: 4 doses – 2 months, 4 months, 6 months, 12-15 months. Older children with certain diseases may also need this vaccine.
- **Rotavirus** Vaccine: 2 or 3 doses – 2 months, 4 months, 6 months. Rotavirus is an oral (swallowed) vaccine, not a shot. Two rotavirus vaccines are available. With one type, the 6 month dose is not needed.

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## Vaccine Risks

Vaccines can cause side effects, like any other medicine. Mostly these are mild “local” reactions such as **tenderness**, **redness** or **swelling** where the shot is given, or a **mild fever**. They happen in up to 1 child out of 4 with most childhood vaccines. They appear soon after the shot is given and go away within a day or two.

More severe reactions can also occur, but this happens much less often. Some of these reactions are so uncommon that experts can’t tell whether they are caused by vaccines or not.

Among the most serious reactions to vaccines are **severe allergic reactions** to a substance in a vaccine. These reactions happen very rarely – less than once in a million shots. They usually happen very soon after the shot is given. Doctor’s office or clinic staff are trained to deal with them.

The risk of *any* vaccine causing serious harm, or death, is extremely small. Getting a disease is much more likely to harm a child than getting a vaccine.

### Other Reactions

The following conditions have been associated with routine childhood vaccines. By “associated” we mean that they appear more often in children who have been recently vaccinated than in those who have not. An association doesn’t *prove* that a vaccine caused a reaction, but does mean it is probable.

#### DTaP Vaccine

**Mild Problems:** Fussiness (up to 1 child in 3); tiredness or poor appetite (up to 1 child in 10); vomiting (up to 1 child in 50); swelling of the entire arm or leg for 1-7 days (up to 1 child in 30) – usually after the 4th or 5th dose.

**Moderate Problems:** Seizure (jerking or staring)(1 child in 14,000); non-stop crying for 3 hours or more (up to 1 child in 1,000); fever over 105°F (1 child in 16,000).

**Serious Problems:** Long-term seizures, coma, lowered consciousness, and permanent brain damage have been reported very rarely after DTaP vaccine. They are so rare we can’t be sure they are caused by the vaccine.

#### Polio Vaccine / Hepatitis B Vaccine / Hib Vaccine

These vaccines have not been associated with mild problems other than local reactions, or with moderate or serious problems.

#### Pneumococcal Vaccine

**Mild Problems:** During studies of the vaccine, some children became fussy or drowsy or lost their appetite.

#### Rotavirus Vaccine

**Mild Problems:** Children who get rotavirus vaccine are slightly more likely than other children to be irritable or to have mild, temporary diarrhea or vomiting. This happens within the first week after getting a dose of vaccine.

Rotavirus vaccine does not appear to cause any serious side effects.

## Precautions

**If your child is sick** on the date vaccinations are scheduled, your provider *may* want to put them off until she recovers. A child with a mild cold or a low fever can usually be vaccinated that day. But for a more serious illness, it may be better to wait.

Some children should **not get certain vaccines**. Talk with your provider if your child had a serious reaction after a previous dose of a vaccine, or has any life-threatening allergies. (These reactions and allergies are rare.)

- If your child had any of these reactions to a previous dose of DTaP:
  - A brain or nervous system disease within 7 days
  - Non-stop crying for 3 or more hours
  - A seizure or collapse
  - A fever over 105°F
 Talk to your provider before getting **DTaP Vaccine**.
- If your child has:
  - A life-threatening allergy to the antibiotics neomycin, streptomycin, or polymyxin B
 Talk to your provider before getting **Polio Vaccine**.
- If your child has:
  - A life-threatening allergy to yeast
 Talk to your provider before getting **Hepatitis B Vaccine**.
- If your child has:
  - A weakened immune system
  - Ongoing digestive problems
  - Recently gotten a blood transfusion or other blood product
  - Ever had intussusception (an uncommon type of intestinal obstruction)
 Talk to your provider before getting **Rotavirus Vaccine**.

## What if my child has a moderate or severe reaction?

### What should I look for?

Look for any unusual condition, such as a serious allergic reaction, high fever, weakness, or unusual behavior.

Serious allergic reactions are extremely rare with any vaccine. If one were to happen, it would most likely come within a few minutes to a few hours after the shot.

Signs of a serious allergic reaction can include:

- |                          |                   |            |
|--------------------------|-------------------|------------|
| - difficulty breathing   | - weakness        | - hives    |
| - hoarseness or wheezing | - dizziness       | - paleness |
| - swelling of the throat | - fast heart beat |            |

### What should I do?

**Call** a doctor, or get the child to a doctor right away.

**Tell** your doctor what happened, the date and time it happened, and when the shot was given.

**Ask** your healthcare provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report yourself through the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS does not provide medical advice.*

### The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For information about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

### For More Information

Ask your healthcare provider. They can show you the vaccine package insert or suggest other sources of information.

Call your local or state health department.

Contact the Centers for Disease Control and Prevention (CDC) at **1-800-232-4636 (1-800-CDC-INFO)**.

Visit CDC websites at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) and [www.cdc.gov/ncidod/diseases/hepatitis](http://www.cdc.gov/ncidod/diseases/hepatitis).



**DO NOT SEND THIS PAGE – KEEP FOR YOUR RECORDS****MONTHLY VACCINE USAGE WORKSHEET** USAGE DATES FROM \_\_\_\_\_ THROUGH \_\_\_\_\_

| Ages by Years→         | < 1 | 1 | 2 | 3-5 | 6 | 7-10 | 11-12 | 13-18 | 19-24 | 25-44 | 45-64 | 65+ |
|------------------------|-----|---|---|-----|---|------|-------|-------|-------|-------|-------|-----|
| Vaccine/Dose<br>↓ ↓    |     |   |   |     |   |      |       |       |       |       |       |     |
| DT Pedi 1              |     |   |   |     |   |      |       |       |       |       |       |     |
| DT Pedi 2              |     |   |   |     |   |      |       |       |       |       |       |     |
| DT Pedi 3              |     |   |   |     |   |      |       |       |       |       |       |     |
| DT Pedi 4              |     |   |   |     |   |      |       |       |       |       |       |     |
| PEDIARIX<br>DTaPHBIP 1 |     |   |   |     |   |      |       |       |       |       |       |     |
| PEDIARIX<br>DTaPHBIP 2 |     |   |   |     |   |      |       |       |       |       |       |     |
| PEDIARIX<br>DTaPHBIP 3 |     |   |   |     |   |      |       |       |       |       |       |     |
| PENTACEL<br>DTaPIPHI 1 |     |   |   |     |   |      |       |       |       |       |       |     |
| PENTACEL<br>DTaPIPHI 2 |     |   |   |     |   |      |       |       |       |       |       |     |
| PENTACEL<br>DTaPIPHI 3 |     |   |   |     |   |      |       |       |       |       |       |     |
| PENTACEL<br>DTaPIPHI 4 |     |   |   |     |   |      |       |       |       |       |       |     |
| DTaP 1                 |     |   |   |     |   |      |       |       |       |       |       |     |
| DTaP 2                 |     |   |   |     |   |      |       |       |       |       |       |     |
| DTaP 3                 |     |   |   |     |   |      |       |       |       |       |       |     |
| DTaP 4                 |     |   |   |     |   |      |       |       |       |       |       |     |
| DTaP 5                 |     |   |   |     |   |      |       |       |       |       |       |     |
| eIPV 1                 |     |   |   |     |   |      |       |       |       |       |       |     |
| eIPV 2                 |     |   |   |     |   |      |       |       |       |       |       |     |
| eIPV 3                 |     |   |   |     |   |      |       |       |       |       |       |     |
| eIPV 4                 |     |   |   |     |   |      |       |       |       |       |       |     |

DO NOT REPORT YOUR INFLUENZA USAGE NUMBERS ON THIS FORM

Revised: 12/4/2008

| Ages by Years→      | < 1 | 1 | 2 | 3-5 | 6 | 7-10 | 11-12 | 13-18 | 19-24 | 25-44 | 45-64 | 65+ |
|---------------------|-----|---|---|-----|---|------|-------|-------|-------|-------|-------|-----|
| Vaccine/Dose<br>↓ ↓ |     |   |   |     |   |      |       |       |       |       |       |     |
| Hep A 1             |     |   |   |     |   |      |       |       |       |       |       |     |
| Hep A 2             |     |   |   |     |   |      |       |       |       |       |       |     |
| Hep B 1             |     |   |   |     |   |      |       |       |       |       |       |     |
| Hep B 2             |     |   |   |     |   |      |       |       |       |       |       |     |
| Hep B 3             |     |   |   |     |   |      |       |       |       |       |       |     |
| Hib 1               |     |   |   |     |   |      |       |       |       |       |       |     |
| Hib 2               |     |   |   |     |   |      |       |       |       |       |       |     |
| Hib 3               |     |   |   |     |   |      |       |       |       |       |       |     |
| Hib 4               |     |   |   |     |   |      |       |       |       |       |       |     |
| HPV 1               |     |   |   |     |   |      |       |       |       |       |       |     |
| HPV 2               |     |   |   |     |   |      |       |       |       |       |       |     |
| HPV 3               |     |   |   |     |   |      |       |       |       |       |       |     |
| MENACTRA<br>MCV4 1  |     |   |   |     |   |      |       |       |       |       |       |     |
| MMR 1               |     |   |   |     |   |      |       |       |       |       |       |     |
| MMR 2               |     |   |   |     |   |      |       |       |       |       |       |     |
| MMRV 1              |     |   |   |     |   |      |       |       |       |       |       |     |
| MMRV 2              |     |   |   |     |   |      |       |       |       |       |       |     |
| Pneumo 23           |     |   |   |     |   |      |       |       |       |       |       |     |
| Prevnar 1           |     |   |   |     |   |      |       |       |       |       |       |     |
| Prevnar 2           |     |   |   |     |   |      |       |       |       |       |       |     |
| Prevnar 3           |     |   |   |     |   |      |       |       |       |       |       |     |
| Prevnar 4           |     |   |   |     |   |      |       |       |       |       |       |     |

DO NOT REPORT YOUR INFLUENZA USAGE NUMBERS ON THIS FORM

Revised: 12/4/2008

| Ages by Years→            | < 1 | 1 | 2 | 3-5 | 6 | 7-10 | 11-12 | 13-18 | 19-24 | 25-44 | 45-64 | 65+ |
|---------------------------|-----|---|---|-----|---|------|-------|-------|-------|-------|-------|-----|
| Vaccine/Dose<br>↓       ↓ |     |   |   |     |   |      |       |       |       |       |       |     |
| Rotavirus 1               |     |   |   |     |   |      |       |       |       |       |       |     |
| Rotavirus 2               |     |   |   |     |   |      |       |       |       |       |       |     |
| Rotavirus 3               |     |   |   |     |   |      |       |       |       |       |       |     |
| Td (Adult) 1              |     |   |   |     |   |      |       |       |       |       |       |     |
| Td (Adult) 2              |     |   |   |     |   |      |       |       |       |       |       |     |
| Td (Adult) 3              |     |   |   |     |   |      |       |       |       |       |       |     |
| Tdap 1                    |     |   |   |     |   |      |       |       |       |       |       |     |
| VAR 1                     |     |   |   |     |   |      |       |       |       |       |       |     |
| VAR 2                     |     |   |   |     |   |      |       |       |       |       |       |     |

**MONTHLY VACCINE USAGE REPORT**

Provider Identification Number (PIN) \_\_\_\_\_

Practice Name \_\_\_\_\_

Practice Phone Number \_\_\_\_\_

Usage Dates From \_\_\_\_\_ Through \_\_\_\_\_

| Ages by Years→           | < 1 | 1 | 2 | 3-5 | 6 | 7-10 | 11-12 | 13-18 | 19-24 | 25-44 | 45-64 | 65+ |
|--------------------------|-----|---|---|-----|---|------|-------|-------|-------|-------|-------|-----|
| Vaccine/Dose<br>↓      ↓ |     |   |   |     |   |      |       |       |       |       |       |     |
| DT Pedi    1             |     |   |   |     |   |      |       |       |       |       |       |     |
| DT Pedi    2             |     |   |   |     |   |      |       |       |       |       |       |     |
| DT Pedi    3             |     |   |   |     |   |      |       |       |       |       |       |     |
| DT Pedi    4             |     |   |   |     |   |      |       |       |       |       |       |     |
| PEDIARIX<br>DTaPHBIP 1   |     |   |   |     |   |      |       |       |       |       |       |     |
| PEDIARIX<br>DTaPHBIP 2   |     |   |   |     |   |      |       |       |       |       |       |     |
| PEDIARIX<br>DTaPHBIP 3   |     |   |   |     |   |      |       |       |       |       |       |     |
| PENTACEL<br>DTaPIPHI 1   |     |   |   |     |   |      |       |       |       |       |       |     |
| PENTACEL<br>DTaPIPHI 2   |     |   |   |     |   |      |       |       |       |       |       |     |
| PENTACEL<br>DTaPIPHI 3   |     |   |   |     |   |      |       |       |       |       |       |     |
| PENTACEL<br>DTaPIPHI 4   |     |   |   |     |   |      |       |       |       |       |       |     |
| DTaP        1            |     |   |   |     |   |      |       |       |       |       |       |     |
| DTaP        2            |     |   |   |     |   |      |       |       |       |       |       |     |
| DTaP        3            |     |   |   |     |   |      |       |       |       |       |       |     |
| DTaP        4            |     |   |   |     |   |      |       |       |       |       |       |     |
| DTaP        5            |     |   |   |     |   |      |       |       |       |       |       |     |
| eIPV        1            |     |   |   |     |   |      |       |       |       |       |       |     |
| eIPV        2            |     |   |   |     |   |      |       |       |       |       |       |     |
| eIPV        3            |     |   |   |     |   |      |       |       |       |       |       |     |
| eIPV        4            |     |   |   |     |   |      |       |       |       |       |       |     |

DO NOT REPORT YOUR INFLUENZA USAGE NUMBERS ON THIS FORM

Revised: 12/4/2008

| Ages by Years→            | < 1 | 1 | 2 | 3-5 | 6 | 7-10 | 11-12 | 13-18 | 19-24 | 25-44 | 45-64 | 65+ |
|---------------------------|-----|---|---|-----|---|------|-------|-------|-------|-------|-------|-----|
| Vaccine/Dose<br>↓       ↓ |     |   |   |     |   |      |       |       |       |       |       |     |
| Hep A    1                |     |   |   |     |   |      |       |       |       |       |       |     |
| Hep A    2                |     |   |   |     |   |      |       |       |       |       |       |     |
| Hep B    1                |     |   |   |     |   |      |       |       |       |       |       |     |
| Hep B    2                |     |   |   |     |   |      |       |       |       |       |       |     |
| Hep B    3                |     |   |   |     |   |      |       |       |       |       |       |     |
| Hib       1               |     |   |   |     |   |      |       |       |       |       |       |     |
| Hib       2               |     |   |   |     |   |      |       |       |       |       |       |     |
| Hib       3               |     |   |   |     |   |      |       |       |       |       |       |     |
| Hib       4               |     |   |   |     |   |      |       |       |       |       |       |     |
| HPV       1               |     |   |   |     |   |      |       |       |       |       |       |     |
| HPV       2               |     |   |   |     |   |      |       |       |       |       |       |     |
| HPV       3               |     |   |   |     |   |      |       |       |       |       |       |     |
| MENACTRA<br>MCV4 1        |     |   |   |     |   |      |       |       |       |       |       |     |
| MMR       1               |     |   |   |     |   |      |       |       |       |       |       |     |
| MMR       2               |     |   |   |     |   |      |       |       |       |       |       |     |
| MMRV    1                 |     |   |   |     |   |      |       |       |       |       |       |     |
| MMRV    2                 |     |   |   |     |   |      |       |       |       |       |       |     |
| Pneumo 23                 |     |   |   |     |   |      |       |       |       |       |       |     |
| Prevnar   1               |     |   |   |     |   |      |       |       |       |       |       |     |
| Prevnar   2               |     |   |   |     |   |      |       |       |       |       |       |     |
| Prevnar   3               |     |   |   |     |   |      |       |       |       |       |       |     |
| Prevnar   4               |     |   |   |     |   |      |       |       |       |       |       |     |

| Ages by Years→            | < 1 | 1 | 2 | 3-5 | 6 | 7-10 | 11-12 | 13-18 | 19-24 | 25-44 | 45-64 | 65+ |
|---------------------------|-----|---|---|-----|---|------|-------|-------|-------|-------|-------|-----|
| Vaccine/Dose<br>↓       ↓ |     |   |   |     |   |      |       |       |       |       |       |     |
| Rotavirus 1               |     |   |   |     |   |      |       |       |       |       |       |     |
| Rotavirus 2               |     |   |   |     |   |      |       |       |       |       |       |     |
| Rotavirus 3               |     |   |   |     |   |      |       |       |       |       |       |     |
| Td (Adult) 1              |     |   |   |     |   |      |       |       |       |       |       |     |
| Td (Adult) 2              |     |   |   |     |   |      |       |       |       |       |       |     |
| Td (Adult) 3              |     |   |   |     |   |      |       |       |       |       |       |     |
| Tdap 1                    |     |   |   |     |   |      |       |       |       |       |       |     |
| VAR 1                     |     |   |   |     |   |      |       |       |       |       |       |     |
| VAR 2                     |     |   |   |     |   |      |       |       |       |       |       |     |



Pin # \_\_\_\_\_

Date \_\_\_\_\_

**DOSES ON HAND REPORT**

| <u>VACCINE</u>      | <u>LOT #</u> | <u>EXPIRES</u> | <u># OF DOSES</u> |
|---------------------|--------------|----------------|-------------------|
| DT PEDI             | _____        | ____/____/____ | _____             |
| DTAPHBIP (PEDIARIX) | _____        | ____/____/____ | _____             |
|                     | _____        | ____/____/____ | _____             |
| DTAPIPHI (PENTACEL) | _____        | ____/____/____ | _____             |
|                     | _____        | ____/____/____ | _____             |
| DTAP                | _____        | ____/____/____ | _____             |
|                     | _____        | ____/____/____ | _____             |
| EIPV                | _____        | ____/____/____ | _____             |
|                     | _____        | ____/____/____ | _____             |
| HEP A               | _____        | ____/____/____ | _____             |
|                     | _____        | ____/____/____ | _____             |
| HEP B-PF            | _____        | ____/____/____ | _____             |
|                     | _____        | ____/____/____ | _____             |
| HIB                 | _____        | ____/____/____ | _____             |
|                     | _____        | ____/____/____ | _____             |
| HPV                 | _____        | ____/____/____ | _____             |
|                     | _____        | ____/____/____ | _____             |
| MCV4 (MENACTRA)     | _____        | ____/____/____ | _____             |
|                     | _____        | ____/____/____ | _____             |
| MMR                 | _____        | ____/____/____ | _____             |
|                     | _____        | ____/____/____ | _____             |
| PNEUMO 23           | _____        | ____/____/____ | _____             |
| PREVNAR PNU 7       | _____        | ____/____/____ | _____             |
|                     | _____        | ____/____/____ | _____             |
| ROTA                | _____        | ____/____/____ | _____             |
|                     | _____        | ____/____/____ | _____             |
| TD                  | _____        | ____/____/____ | _____             |
| TDAP                | _____        | ____/____/____ | _____             |
|                     | _____        | ____/____/____ | _____             |
| VAR                 | _____        | ____/____/____ | _____             |
|                     | _____        | ____/____/____ | _____             |
|                     | _____        | ____/____/____ | _____             |
|                     | _____        | ____/____/____ | _____             |
|                     | _____        | ____/____/____ | _____             |

Revised: 12/4/2008



**This is not an Invoice**

Batch: S1952610

Time: 08:00:02

Date: 03/25/08

B/M#: 11050

Order Date: 03/20/2008 SO#:

393408

Promise Date: 03/20/2008 Terms: Prepaid

Carrier: FEDEX STANDARD OVERNIGHT

Control ID: 222280



SHIP TO:

SHIPPER:

McKesson Specialty Distribution

4853 Crumpler Road

Memphis, Tennessee 38141 USA

For any concerns, please contact your  
immunization program

Phone#:

Ref#: 76354073

Cust PO#: 11050

Ordered by Contact:

Project PIN: NHA 7

Cust DEA Lic#:

| Item Number     | Lot / Exp             | Shp Qty UM | Description / Manufacturer / Presentation  | Unit Price | Extended Price | Qty C    |
|-----------------|-----------------------|------------|--|------------|----------------|----------|
| ✓ 00005-1970-50 | C65043 10/31/2010     | 10 DO      | Prevnar 0.5mL SDS 10/BX Wyeth<br>PNU 7 - Wyeth - Single Dose Syringes                      | \$ 62.14   | \$ 621.40      |          |
| ✓ 00006-4309-00 | 3114U 03/31/2010      | 50 DO      | Sterile Diluent (Water) 0.7mL SDV 10/BX<br>Merck - Single-dose Vial                        | \$ 0.00    | \$ 0.00        |          |
| ✓ 00006-4681-00 | 1669U 10/17/2009      | 50 DO      | M-M-R DILUENT<br>M-M-R II 25 mcg neomycin 0.5 DSV 10/PK<br>MMR - Merck - Single Dose Vials | \$ 17.60   | \$ 880.00      |          |
| ✓ 49281-0545-05 | UF250AC 07/04/2009    | 5 DO       | MMR<br>ACTHIB SNGL ENTY VACC CON 10mcg SDV 5/PK<br>Hib PRT-T - AVENTIS - Single Dose Vials | \$ 8.12    | \$ 40.60       |          |
| ✓ 58160-0810-46 | AC14B069AA 04/24/2010 | 20 DO      | HIB<br>DTAP-INFANRIX-5 X 1 DOSE SYRINGE GSK<br>DTAP - SKB - Single Dose<br>DTAP            | \$ 13.25   | \$ 265.00      | 2        |
|                 |                       |            |  |            | Total \$       | 1,807.00 |

**SAMPLE OF MACKESSON PACKING LIST**  
**THIS MUST BE FAXED TO NHIP(271-4932)**  
**AFTER YOU HAVE CHECKED IN YOUR VACCINES.**

This vaccine was purchased with public (state/local and/or federal) funds, and may be administered only to patients eligible to receive publicly-funded vaccine.

If you have questions about your order, or to retrieve a pedigree document for Rx product received on this packing list, please contact your Immunization Program for assistance.



Container: C3274224

McKesson Specialty Distribution  
 4853 Crumpler Road, Memphis TN 38141

QC Packed  
 DEA Lic# RM0339831  
 Florida Lic# 2801905

## NH IMMUNIZATION PROGRAM NON-VIABLE VACCINE RETURN FORM

PROVIDER: \_\_\_\_\_  
 CONTACT: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

PIN# \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 FAX: \_\_\_\_\_  
 DATE: \_\_\_\_\_

All non-viable vaccine (expired/spoiled) must be returned to the McKesson facility in Memphis\*.  
 You may return wasted vaccine in the McKesson shipping containers.  
 (\*Exception: DT Pediatric and HBIG (provided to hospital pharmacies). These should be returned to The  
 NH Immunization Program)

### DIRECTIONS

- This form must be filled out in its entirety when returning vaccine.
- Be sure to make a copy for your records.
- Fax this form to NHIP @ 603-271-4932 prior to returning box to McKesson.
- Place original blue form in box being returned to McKesson.

### Please check off the reason for the return:

- ☐ SPOILAGE- NO NEGLIGENCE (Natural Disaster/Power Outage)
- ☐ SPOILAGE-NEGLECTANCE (Left out of refrigeration/prepared too many doses etc.)
- ☐ EXPIRATION
- ☐ DAMAGE DURING TRANSIT
- ☐ FAILURE TO STORE PROPERLY UPON RECEIPT
- ☐ MECHANICAL FAILURE
- ☐ OUT OF RANGE TEMPERATURES
- ☐ OTHER

Please give a brief explanation for return;

\_\_\_\_\_

| Vaccine | NDC # | Doses | Lot # | MFG | EXP |
|---------|-------|-------|-------|-----|-----|
|         |       |       |       |     |     |
|         |       |       |       |     |     |
|         |       |       |       |     |     |
|         |       |       |       |     |     |
|         |       |       |       |     |     |
|         |       |       |       |     |     |
|         |       |       |       |     |     |
|         |       |       |       |     |     |
|         |       |       |       |     |     |

**IT IS IMPERATIVE THAT THIS FORM BE FAXED TO 603-271-4932- before returning to McKesson**

# NH IMMUNIZATION VACCINE TRANSFER LOG

TRANSFERRED

FROM: \_State of NH\_\_\_\_\_ PIN #\_1111\_\_\_\_\_

TRANSFERRED

TO: \_Concord Pediatrics\_\_\_\_\_ PIN #\_4057\_\_\_\_\_

DATE FAXED TO NH IMMUNIZATON \_11\_/\_26\_/\_08\_

DO NOT TRANSFER VARICELLA OR MMR-V,  
CALL THE IMMUNIZATION PROGRAM at 800-852-3345 x 4463 or 603-271-4463

| NAME OF VACCINE | LOT # | EXP. DATE | AMOUNT | INITIALS |
|-----------------|-------|-----------|--------|----------|
|                 |       |           |        |          |
|                 |       |           |        |          |
|                 |       |           |        |          |

1. Document any transfer of vaccine on this form.
2. The practice transferring the vaccine is responsible for faxing a copy of the form to the NH Immunization Program @ 603-271-4932.
3. The practice transferring the vaccine will make a copy of this form and place in cooler with the vaccine for the receiving practice's records.
4. Both practices are should keep a copy of this transfer in their office files.
5. If there are any questions regarding this process please call the Immunization Program at 603-271-4463.

## TRANSFERRING VACCINE

- Complete the transfer log information above
- Place vaccine in bottom of cooler
- Cover with chux
- Place cool packs on top of chux
- NEVER place a frozen ice pack directly on vaccine

**DO NOT TRANSFER**  
**VARICELLA OR MMR-V**  
**CALL THE IMMUNIZATION PROGRAM**  
 at 800-852-3345 x 4463 or 603-271-4463

**Vaccine Ordering Form**

PIN: \_\_\_\_\_

**RETURN THIS FORM TO:****PREPARED FOR:**DEPT OF HEALTH & HUMAN SERVICES  
NH IMMUNIZATION PROGRAM (NHIP)29 HAZEN DRIVE  
CONCORD, NH 03301

Phone: (603) 271-4463

Phone: \_\_\_\_\_

Fax: (603) 271-4932

Fax: \_\_\_\_\_

Delivery Hours on file: \_\_\_\_\_

:

*(Please note any changes)***INSTRUCTIONS FOR COMPLETING THIS FORM:**

Write in your address, phone number, fax number and PIN number.

Fill in the number of doses requested next to the vaccine types available. Sign and Date at bottom.

Fax form to 271-4932

FOR HELP WITH ORDERING CALL (800) 852-3345 x4463 OR 271-4463

**ALLOW TWO WEEKS FOR DELIVERY****REQUIREMENTS: ORDER FORM, DOSES ON HAND, USAGE REPORT, AND TEMP LOG(S)**

Please report wasted and expired vaccine(s) on the blue Vaccine Return Form and return wasted vaccine to McKesson, faxing a copy of the blue form to this office.

**TO RETURN OR TRANSFER VIABLE VACCINE CALL 271-4463 FOR INSTRUCTIONS**

| Vaccine             | Doses Requested | NHIP Approved Doses | Minimum Doses per Shipment |
|---------------------|-----------------|---------------------|----------------------------|
| DT                  | _____           | _____               | 1                          |
| DTAPHBIP (PEDIARIX) | _____           | _____               | 5                          |
| DTAPIPHI (PENTACEL) | _____           | _____               | 5                          |
| DTAP                | _____           | _____               | 5                          |
| EIPV                | _____           | _____               | 10                         |
| HEP A               | _____           | _____               | 5                          |
| HEP B-PF            | _____           | _____               | 5                          |
| HIB                 | _____           | _____               | 5                          |
| HPV                 | _____           | _____               | 10                         |
| MCV4 (MENACTRA)     | _____           | _____               | 5                          |
| MMR                 | _____           | _____               | 10                         |
| PNEUMO 23           | _____           | _____               | 1                          |
| PREVNAR PNU 7       | _____           | _____               | 10                         |
| ROTA                | _____           | _____               | 10                         |
| TD                  | _____           | _____               | 1                          |
| TDAP                | _____           | _____               | 5                          |
| VAR                 | _____           | _____               | 10                         |

**Check off List**

Order Form \_\_\_\_\_

Doses on Hand \_\_\_\_\_

Usage Report \_\_\_\_\_

Temp Log \_\_\_\_\_

Other \_\_\_\_\_

**PLEASE SIGN:** \_\_\_\_\_**DATE:** \_\_\_\_\_

Revised: 08/21/2008

Provider Identification Number (PIN)\_\_\_\_\_

Practice Name\_\_\_\_\_

Practice Phone Number\_\_\_\_\_

## Influenza Vaccine Usage

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

| Ages by Years→                          | <1 | 1 | 2 | 3-5 | 6 | 7-10 | 11-12 | 13-18 |
|---|----|---|---|-----|---|------|-------|-------|
| Vaccine Dose<br>↓                       |    |   |   |     |   |      |       |       |
| FLU P-F 1<br>6 – 35 mos                 |    |   |   |     |   |      |       |       |
| *FLU P-F 2<br>6 – 35 mos                |    |   |   |     |   |      |       |       |
| FLU P-F 1<br>36 mos through 18 yrs      |    |   |   |     |   |      |       |       |
| *FLU P-F 2<br>36 mos through 8 yrs      |    |   |   |     |   |      |       |       |
| FLU-MIST P-F 1<br>24 mos through 18 yrs |    |   |   |     |   |      |       |       |
| *FLU-MIST P-F 2<br>24 mos through 8 yrs |    |   |   |     |   |      |       |       |

\*Children 6 months through 8 years of age getting influenza vaccine for the first time should get 2 doses, given at least 1 month apart.

**Use this form to submit your 2008 – 2009 Influenza Usage Report**

603-271-4932 – NHIP Fax

**Please complete and fax monthly**

\_\_\_\_\_  
**Please sign**

\_\_\_\_\_  
**Date**

**VACCINE ADVERSE EVENT REPORTING SYSTEM**

24 Hour Toll-Free Information 1-800-822-7967

P.O. Box 1100, Rockville, MD 20849-1100

**PATIENT IDENTITY KEPT CONFIDENTIAL****For CDC/FDA Use Only**

VAERS Number \_\_\_\_\_

Date Received \_\_\_\_\_

Patient Name:

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone no. (\_\_\_\_) \_\_\_\_\_

Vaccine administered by (Name): \_\_\_\_\_

Responsible \_\_\_\_\_

Physician \_\_\_\_\_

Facility Name/Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone no. (\_\_\_\_) \_\_\_\_\_

Form completed by (Name): \_\_\_\_\_

Relation ☐ Vaccine Provider ☐ Patient/Parent  
to Patient ☐ Manufacturer ☐ OtherAddress (if different from patient or provider) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone no. (\_\_\_\_) \_\_\_\_\_

|          |                              |                                  |                |   |  |
|----------|------------------------------|----------------------------------|----------------|---|--|
| 1. State | 2. County where administered | 3. Date of birth<br>mm / dd / yy | 4. Patient age | 5. Sex<br><input type="checkbox"/> M <input type="checkbox"/> F | 6. Date form completed<br>mm / dd / yy |
|----------|------------------------------|----------------------------------|----------------|---|--|

7. Describe adverse events(s) (symptoms, signs, time course) and treatment, if any

8. Check all appropriate:
- ☐ Patient died (date mm / dd / yy )
- ☐ Life threatening illness
- ☐ Required emergency room/doctor visit
- ☐ Required hospitalization (\_\_\_\_ days)
- ☐ Resulted in prolongation of hospitalization
- ☐ Resulted in permanent disability
- ☐ None of the above

9. Patient recovered ☐ YES ☐ NO ☐ UNKNOWN

12. Relevant diagnostic tests/laboratory data

|  |  |
|--|--|
| 10. Date of vaccination<br>mm / dd / yy<br>Time _____ AM<br>_____ PM | 11. Adverse event onset<br>mm / dd / yy<br>Time _____ AM<br>_____ PM |
|--|--|

13. Enter all vaccines given on date listed in no. 10

| Vaccine (type) | Manufacturer | Lot number | Route/Site | No. Previous Doses |
|----------------|--------------|------------|------------|--------------------|
| a. _____       | _____        | _____      | _____      | _____              |
| b. _____       | _____        | _____      | _____      | _____              |
| c. _____       | _____        | _____      | _____      | _____              |
| d. _____       | _____        | _____      | _____      | _____              |

14. Any other vaccinations within 4 weeks prior to the date listed in no. 10

| Vaccine (type) | Manufacturer | Lot number | Route/Site | No. Previous doses | Date given |
|----------------|--------------|------------|------------|--------------------|------------|
| a. _____       | _____        | _____      | _____      | _____              | _____      |
| b. _____       | _____        | _____      | _____      | _____              | _____      |

15. Vaccinated at:

- ☐ Private doctor's office/hospital
- ☐ Public health clinic/hospital

- ☐ Military clinic/hospital
- ☐ Other/unknown

16. Vaccine purchased with:

- ☐ Private funds ☐ Military funds
- ☐ Public funds ☐ Other/unknown

17. Other medications

18. Illness at time of vaccination (specify)

19. Pre-existing physician-diagnosed allergies, birth defects, medical conditions (specify)

20. Have you reported this adverse event previously? ☐ No ☐ To health department ☐ To doctor ☐ To manufacturer

**Only for children 5 and under**

|   |                                 |
|---|---------------------------------|
| 22. Birth weight<br>_____ lb. _____ oz. | 23. No. of brothers and sisters |
|---|---------------------------------|

21. Adverse event following prior vaccination (check all applicable, specify)

|   | Adverse Event | Onset Age | Type Vaccine | Dose no. in series |
|---|---------------|-----------|--------------|--------------------|
| <input type="checkbox"/> In patient           | _____         | _____     | _____        | _____              |
| <input type="checkbox"/> In brother or sister | _____         | _____     | _____        | _____              |

**Only for reports submitted by manufacturer/immunization project**

|  |  |
|--|--|
| 24. Mfr./imm. proj. report no.   | 25. Date received by mfr./imm.proj.  |
| 26. 15 day report?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 27. Report type<br><input type="checkbox"/> Initial <input type="checkbox"/> Follow-Up |

Health care providers and manufacturers are required by law (42 USC 300aa-25) to report reactions to vaccines listed in the Table of Reportable Events Following Immunization. Reports for reactions to other vaccines are voluntary except when required as a condition of immunization grant awards.



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES  
OR APO/FPO

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 1895 ROCKVILLE, MD

POSTAGE WILL BE PAID BY ADDRESSEE

**VAERS**

P.O. Box 1100

Rockville MD 20849-1100

**DIRECTIONS FOR COMPLETING FORM**

(Additional pages may be attached if more space is needed.)

**GENERAL**

- Use a separate form for each patient. Complete the form to the best of your abilities. Items 3, 4, 7, 8, 10, 11, and 13 are considered essential and should be completed whenever possible. Parents/Guardians may need to consult the facility where the vaccine was administered for some of the information (such as manufacturer, lot number or laboratory data.)
- Refer to the Reportable Events Table (RET) for events mandated for reporting by law. Reporting for other serious events felt to be related but not on the RET is encouraged.
- Health care providers other than the vaccine administrator (VA) treating a patient for a suspected adverse event should notify the VA and provide the information about the adverse event to allow the VA to complete the form to meet the VA's legal responsibility.
- These data will be used to increase understanding of adverse events following vaccination and will become part of CDC Privacy Act System 09-20-0136, "Epidemiologic Studies and Surveillance of Disease Problems". Information identifying the person who received the vaccine or that person's legal representative will not be made available to the public, but may be available to the vaccinee or legal representative.
- Postage will be paid by addressee. Forms may be photocopied (must be front & back on same sheet).

**SPECIFIC INSTRUCTIONS**

Form Completed By: To be used by parents/guardians, vaccine manufacturers/distributors, vaccine administrators, and/or the person completing the form on behalf of the patient or the health professional who administered the vaccine.

- Item 7: Describe the suspected adverse event. Such things as temperature, local and general signs and symptoms, time course, duration of symptoms, diagnosis, treatment and recovery should be noted.
- Item 9: Check "YES" if the patient's health condition is the same as it was prior to the vaccine, "NO" if the patient has not returned to the pre-vaccination state of health, or "UNKNOWN" if the patient's condition is not known.
- Item 10: Give dates and times as specifically as you can remember. If you do not know the exact time, please
- and 11: indicate "AM" or "PM" when possible if this information is known. If more than one adverse event, give the onset date and time for the most serious event.
- Item 12: Include "negative" or "normal" results of any relevant tests performed as well as abnormal findings.
- Item 13: List ONLY those vaccines given on the day listed in Item 10.
- Item 14: List any other vaccines that the patient received within 4 weeks prior to the date listed in Item 10.
- Item 16: This section refers to how the person who gave the vaccine purchased it, not to the patient's insurance.
- Item 17: List any prescription or non-prescription medications the patient was taking when the vaccine(s) was given.
- Item 18: List any short term illnesses the patient had on the date the vaccine(s) was given (i.e., cold, flu, ear infection).
- Item 19: List any pre-existing physician-diagnosed allergies, birth defects, medical conditions (including developmental and/or neurologic disorders) for the patient.
- Item 21: List any suspected adverse events the patient, or the patient's brothers or sisters, may have had to previous vaccinations. If more than one brother or sister, or if the patient has reacted to more than one prior vaccine, use additional pages to explain completely. For the onset age of a patient, provide the age in months if less than two years old.
- Item 26: This space is for manufacturers' use only.





*Vaccinations may hurt a little . . .  
but disease can hurt a lot!*

**Call your clinic right away if you answer "yes" to any of the following questions:**

- Does your child have a temperature about which your health care provider has told you to be concerned?
- Is your child pale or limp?
- Has your child been crying for more than 3 hours and just won't quit?
- Does your child have a strange cry that isn't normal (a high-pitched cry)?
- Is your child's body shaking, twitching, or jerking?
- Does your child have marked decrease in activity or decrease in responsiveness?

**Check the back of this page for information on the proper dosage of medication you can give your child to reduce pain or fever.**

# After the Shots . . .

## What to do if your child has discomfort

*Your child may need extra love and care after getting vaccinated. Some vaccinations that protect children from serious diseases also can cause discomfort for a while. Here are answers to questions many parents have after their children have been vaccinated. If this sheet doesn't answer your questions, call your clinic or health care provider.*

Clinic or health care provider phone number: \_\_\_\_\_

### I think my child has a fever. What should I do?

Check your child's temperature to find out if there is a fever. Do not use a mercury thermometer. If your child is younger than 3 years of age, taking a temperature with a rectal digital thermometer provides the best reading. Once your child is 4 or 5 years of age, you may prefer taking a temperature by mouth with an oral digital thermometer. Tympanic thermometers, which measure temperature inside the ear, are another option for older babies and children. If your child is older than 3 months of age, you can also take an underarm (axillary) temperature, although it is not as accurate.

#### Here are some things you can do to help reduce fever:

- Give your child plenty to drink.
- Clothe your child lightly. Do not cover or wrap your child tightly.
- Give your child a fever-reducing medication such as acetaminophen (e.g., Tylenol®) or ibuprofen (e.g., Advil®, Motrin®). **Do not give aspirin.** Recheck your child's temperature after 1 hour.
- Sponge your child in 1–2 inches of lukewarm water.
- If your child's temperature is \_\_\_\_\_°F (\_\_\_\_\_°C) or higher or, if you have questions, call your clinic or health care provider.

### My child has been fussy since getting vaccinated. What should I do?

After vaccination, children may be fussy due to pain or fever. You may want to give your child a medication such as acetaminophen (e.g., Tylenol®) or ibuprofen (e.g., Advil®, Motrin®) to reduce pain and fever. **Do not give aspirin.** If your child is fussy for more than 24 hours, call your clinic or health care provider.

### My child's leg or arm is swollen, hot, and red. What should I do?

- Apply a clean, cool, wet washcloth over the sore area for comfort.
- For pain, give a medication such as acetaminophen (e.g., Tylenol®) or ibuprofen (e.g., Advil®, Motrin®). **Do not give aspirin.**
- If the redness or tenderness increases after 24 hours, call your clinic or health care provider.

### My child seems really sick. Should I call my health care provider?

If you are worried **at all** about how your child looks or feels, call your clinic or health care provider!

[www.immunize.org/catg.d/p4015.pdf](http://www.immunize.org/catg.d/p4015.pdf) • Item #P4015 (9/04)



# Medications and Dosages to Reduce Pain and Fever

## Important notes:

1. Ask your health care provider or pharmacist which formulation is best for your child.
2. Give dose based on your child's weight. If you don't know the weight, give dose based on your child's age. Do not give more medication than recommended.
3. If you have questions about dosing or any other concern, call your clinic or health care provider.
4. Always use a proper measuring device. For example:
  - When giving infant drops, use only the dosing device (dropper or syringe) enclosed in the package.
  - When giving children's suspension or liquid, use the dosage cup enclosed in the package. If you misplace the dosage cup, consult your health care provider or pharmacist for advice. (Kitchen spoons are not accurate measures.)
5. **WARNING:** If you're also giving your child over-the-counter (OTC) medications such as cold preparations, be aware that these may contain pain or fever reducers such as acetaminophen or ibuprofen. Be sure to read all OTC medication labels carefully to ensure your child is not receiving more acetaminophen or ibuprofen than recommended.

## Acetaminophen Dosing Information (Tylenol® or another brand)



Give every 4–6 hours, as needed, no more than 5 times in 24 hours (unless directed to do otherwise by your health care provider).

| Weight of child          | Age of child | Infant drops<br><br>0.8 mL = 80 mg | Children's liquid or suspension<br><br>1 tsp (5 mL) = 160 mg | Children's tablets<br>1 tablet = 80 mg | Junior strength<br>1 tablet = 160 mg |
|--------------------------|--------------|---|---|--|--------------------------------------|
| 6–11 lbs (2.7–5 kg)      | 0–3 mos      | Advised dose*: _____  |   |  |                                      |
| 12–17 lbs (5.5–7.7 kg)   | 4–11 mos     | Advised dose*: _____  | Advised dose*: _____  |  |                                      |
| 18–23 lbs (8.2–10.5 kg)  | 12–23 mos    | Advised dose*: _____  | Advised dose*: _____  |  |                                      |
| 24–35 lbs (10.9–15.9 kg) | 2–3 yrs      | 1.6 mL  | 1 teaspoon (160 mg)   | 2 tablets                              |                                      |
| 36–47 lbs (16.4–21.4 kg) | 4–5 yrs      |   | 1½ teaspoons (240 mg)   | 3 tablets                              |                                      |
| 48–59 lbs (21.8–26.8 kg) | 6–8 yrs      |   | 2 teaspoons (320 mg)  | 4 tablets                              | 2 tablets                            |
| 60–71 lbs (27.3–32.3 kg) | 9–10 yrs     |   | 2½ teaspoons (400 mg)   | 5 tablets                              | 2½ tablets                           |
| 72–95 lbs (32.7–43.2 kg) | 11 yrs       |   | 3 teaspoons (480 mg)  | 6 tablets                              | 3 tablets                            |

\*Ask your health care provider

## Ibuprofen Dosing Information (Advil®, Motrin® or another brand)

Give every 6–8 hours, as needed, no more than 4 times in 24 hours (unless directed to do otherwise by your health care provider).

| Weight of child          | Age of child | Infant drops<br><br>1.25 mL = 50 mg | Children's liquid or suspension<br><br>1 tsp (5 mL) = 100 mg | Children's tablets<br>1 tablet = 50 mg | Junior strength<br>1 tablet = 100 mg |
|--------------------------|--------------|--|---|--|--------------------------------------|
| under 11 lbs (5 kg)      | under 6 mos  | Advised dose*: _____   |   |  |                                      |
| 12–17 lbs (5.5–7.7 kg)   | 6–11 mos     | 1.25 mL  |   |  |                                      |
| 18–23 lbs (8.2–10.5 kg)  | 12–23 mos    | 1.875 mL   |   |  |                                      |
| 24–35 lbs (10.9–15.9 kg) | 2–3 yrs      |  | 1 teaspoon (100 mg)   | 2 tablets                              |                                      |
| 36–47 lbs (16.4–21.4 kg) | 4–5 yrs      |  | 1½ teaspoons (150 mg)   | 3 tablets                              |                                      |
| 48–59 lbs (21.8–26.8 kg) | 6–8 yrs      |  | 2 teaspoons (200 mg)  | 4 tablets                              | 2 tablets                            |
| 60–71 lbs (27.3–32.3 kg) | 9–10 yrs     |  | 2½ teaspoons (250 mg)   | 5 tablets                              | 2½ tablets                           |
| 72–95 lbs (32.7–43.2 kg) | 11 yrs       |  | 3 teaspoons (300 mg)  | 6 tablets                              | 3 tablets                            |

\*Ask your health care provider